


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000002781 1. Entity Name HARMONIZED CUSTOMS BROKERS, INC.	
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Principal Place of Business 221 SHERIDAN BLVD. INWOOD, NY 11096	Mailing Address 221 SHERIDAN BLVD. INWOOD, NY 11096
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2880698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUARNACCIA, ROBERT
1186 MAHOGANY LANE
FT. LAUDERDALE, FL 33327**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD STEIN, MICHAEL 2 FURTH ROAD NORTH WOODMERE, NY 11581
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GUARNACCIA, ROBERT 1186 MAHOGANY LANE FT. LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BEATTIE, ANN MARIE 914 FENWORTH BLVD. FRANKLIN SQUARE, NY 11010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

02/23/05-80010-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Marie Beattie Date: 2-14-05 Daytime Phone #: 305-591-8946