


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000002781 1. Entity Name HARMONIZED CUSTOMS BROKERS, INC.	
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Principal Place of Business 4890 NW 14 ST SUITE 101/102 MIAMI, FL 33172	Mailing Address 221 SHERIDAN BLVD. INWOOD, NY 11096
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02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-2880698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 BEATTLE, ANN MARIE 175 MAPLE AVE 4A WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000849166  
 03/21/08-80008-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael Stein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-28-08 Daytime Phone #: 305-591-8946