

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060871

FILED
Feb 12, 2009
Secretary of State

Entity Name: CUSTOMS BROKERS OUTSOURCING CORP.

Current Principal Place of Business:

8009 NW 36 STREET
204
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8009 NW 36 STREET
204
DORAL, FL 33166

New Mailing Address:

FEI Number: 02-0609877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIETO, RICARDO
8009 NW 36 ST
204
DORAL, FL 33166 US

Name and Address of New Registered Agent:

OSPINA, EFRAIN
8009 NW 36 ST
204
DORAL, FL 33166 US

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.

SIGNATURE: EFRAIN OSPINA

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIETO, RICARDO A
Address: 8009 NW 36 STREET # 204
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: GIL, FRANDISCO J
Address: 5890 NW 38 ST
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: OSPINA, EFRAIN
Address: 8009 NW 36 STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSPINA, EFRAIN
Address: 8009 NW 36 STREET # 204
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NIETO, RICARDO A ZAPATA
Address: 17991 S.W. 35 STREET
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN OSPINA

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date