2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90099 048 ***150.00

DOCUMENT # P03000105769

1. Entity Name

CAPITAL TRANSPORTATION CUSTOMS CLEARANCE SERVICES, INC.

Principal Place of Business	Mailing Address
167-18 146TH AVENUE JAMAICA NY 11434	3560 NW 72 AVE MIAMI FL 33122

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6000 NW 97 Ave.	6000 NW 97 Ave.
Suite, Apt. #, etc.: Suite 9-10	Suite, Apt. #, etc.: Suite 9-10
City & State: Miami, FL	City & State: Miami, FL.
Zip: 33178 Country: U.S.A.	Zip: 33178 Country: U.S.A.

1st MOORE CR2E034 (10/07)

4. FEI Number 20-0330597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, CANTOR & BERLOWITZ, P.A.
4000 HOLLYWOOD BOULEVARD, SUITE 375-SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HARTILL, CHARLES	NAME	
STREET ADDRESS	167-18 146TH AVENUE	STREET ADDRESS	6000 NW 97 Ave. Suite 9-10
CITY-ST-ZIP	JAMAICA NY 11434	CITY-ST-ZIP	Miami FL 33178
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Charles Hartill 4/1/08 305-597-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #