

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 167-18 146TH AVENUE JAMAICA NY 11434	Mailing Address 3560 NW 72 AVE MIAMI FL 33122
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2. Principal Place of Business - No P.O. Box # 6000 NW 97 Ave.	3. Mailing Address 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.



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	

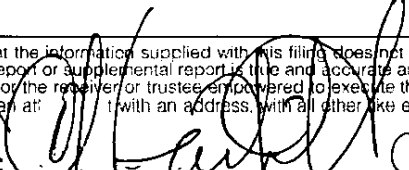
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTILL, CHARLES 167-18 146TH AVENUE JAMAICA NY 11434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000 NW 97 Ave. Suite 9-10 Miami FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 attached address, with all other like empowered.

SIGNATURE:  **Charles Hartill** **4/1/08** **305-597-2300**

SIGNATURE AND DATE _____ DATE _____ DAYTIME PHONE _____