2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032504

Entity Name: CUSTOMS LOGISTICS SERVICES, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6940 NW 12 STREET MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

6940 NW 12 STREET POBOX 527345

MIAMI, FL 33126 MIAMI, FL 33152 US

FEI Number: 65-0752338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 HENAO, CARLOS
 HENAO, CARLOS A

 6940 NW 12 STREET
 6830 SW 94 AVENUE

 MIAMI, FL 33126 US
 MIAMI, FL 33173 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: CARLOS ARTURO HENAO 04/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HENAO, CARLOS F HENAO, CARLOS F

 Address:
 6940 NW 12 STREET
 Address:
 6940 NW 12 STREET

 City-St-Zip:
 MIAMI, FL 332125
 City-St-Zip:
 MIAMI, FL 332125

Title: VP () Delete Title: () Change () Addition Name: ESCALONA. ASTRID Name:

 Name:
 ESCALONA, ASTRIB
 Name:

 Address:
 6940 NW 12 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:

Title: () Delete Title: C () Change (X) Addition

 Name:
 Name:
 ESCALONA, ASTRID M

 Address:
 Address:
 6940 NW 12 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33126 US

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 HERNANDEZ, BETTY M

 Address:
 Address:
 6840 NW 12 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33126 US

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: ASTRID ESCALONA C 04/06/2009