

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000069559

FILED
Sep 10, 2009
Secretary of State

Entity Name: CUSTOM MANUFACTURING CORPORATION

Current Principal Place of Business:

9324 NW 102 STREET
MEDLEY, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9324 NW 102 STREET
MEDLEY, FL 33178 US

New Mailing Address:

FEI Number: 65-0940736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSHNER, LES S P.A.
2924 DAVIE ROAD
SUITE 200
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILPON, DAVID J
Address: 9324 NW 102 STREET
City-St-Zip: MEDLEY, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: WILPON, SHARON L
Address: 9324 NW 102 ST
City-St-Zip: MEDLEY, FL 33178 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: DAVID J WILPON

PD

09/10/2009

Electronic Signature of Signing Officer or Director

Date