2008 FOR PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT 04-07-2008 90057 031 ***150.00 DOCUMENT # S59639 C.E.P. CUSTOMS BROKER, INC. 4000-Principal Place of Business Mailing Address 2801 NW 74 AVENUE 2801 NW 74TH AVENUE SUITE 103 SUITE 103 MIAMI, FL 33122 US MIAMI, FL 33122 02062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0267601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PUGA, CARMEN E. DO NOT WRITE 12305 SW 31 ST MIAMI, FL 33175 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PΠ PUGA, CARMEN E. NAME 12305 SW 31 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL STD TITLE PUGA, RAFAEL A. NAME 12305 SW 31 ST STREET ADDRESS MIAMI, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP APR o 2 REC'D IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP IIILE

12. I hereby certify that the information sopplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied that 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 addres with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED