04/20/2004 13:10 FAX 3052548533 MICHAELKRISSELCPA

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90068 019 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018655

1. Entity Name
ACOUSTICAL COMPONENTS, LLC

24060616

Principal Place of Business	Mailing Address
ATTN: RICHARD E. REED 340 DELEON DRIVE MIAMI SPRINGS, FL 33166	ATTN: RICHARD E. REED 340 DELEON DRIVE MIAMI SPRINGS, FL 33166

03182004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3750 NW 28 ST.	3750 NW 28 ST.
Suite, Apt. #, etc. #208	Suite, Apt. #, etc. #208
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33142 Country --	Zip 33142 Country

4. FEI Number 33-1062301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REED, RICHARD E 340 DELEON DRIVE MIAMI SPRINGS, FL 33166	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 Richard E. Reed 4-27-04
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR/P NAME DANIEL DIAZ STREET ADDRESS 2120 SW 19 TERRACE CITY-ST-ZIP MIAMI, FL 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR/VP/T/S NAME RICHARD E. REED STREET ADDRESS 340 DELEON DRIVE CITY-ST-ZIP MIAMI SPRINGS, FL 33166	☐ 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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Richard E. Reed 4-27-04 (786)457-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #