


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M42892

1. Entity Name:
UNIVERSAL SEAT COVERS & AUTO ACCESSORIES, INC.



Principal Place of Business Mailing Address

2370 SW 67TH AVE 2370 SW 67TH AVE.
 MIAMI, FL 33155 US MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE



07072004 No Chg P CR2E034 (10/03)

4. FEI Number: **59-2738004** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEL CRISTO, ISORA
4710 S.W. 74TH AVENUE
MIAMI, FL 33155

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I, 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, the registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

FILE NUMBER FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DF
NAME	DEL CRISTO, ISORA
STREET ADDRESS	8015 S.W. 137TH AVE.
CITY - ST - ZIP	MIAMI, FL
TITLE	VP
NAME	ABDALA, JACINTO
STREET ADDRESS	2370 SW 67 AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/19/04-80012-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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 the statement with an address, with all of the like empowered.

SIGNATURE: Isora del Cristo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 305-216-4434
 Date Telephone #