


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90287 022 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # G26585</b>                                    |  |
| 1. Entity Name<br><b>UNIVERSAL SAFETY ACCESSORIES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>5353 N FEDERAL HWY<br/>STE 204<br/>FT LAUDERDALE, FL 33308 US</b> | Mailing Address<br><b>5353 N FEDERAL HWY<br/>STE 204<br/>FT LAUDERDALE, FL 33308 US</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>5353 N. Federal Hwy.</b> | 3. Mailing Address<br><b>5353 N. Federal Hwy.</b> |
| Suite, Apt. #, etc.<br><b>Suite 213</b>                       | Suite, Apt. #, etc.<br><b>Suite 213</b>           |
| City & State<br><b>Ft. Lauderdale, FL</b>                     | City & State<br><b>Ft. Lauderdale, FL</b>         |

04222005 Chg-P CR2E034 (10/03)

|                     |                           |                     |                           |
|---------------------|---------------------------|---------------------|---------------------------|
| Zip<br><b>33308</b> | Country<br><b>Broward</b> | Zip<br><b>33308</b> | Country<br><b>Broward</b> |
|---------------------|---------------------------|---------------------|---------------------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2267300</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

**6. Name and Address of Current Registered Agent**

**DORER, ERIC J  
5353 N. FERERAL HWY.  
SUITE 204  
FORT LAUDERDALE, FL 33308**

**7. Name and Address of New Registered Agent**

Name  
**Gary Fronrath**

Street Address (P.O. Box Number is Not Acceptable)  
**5353 N. Federal Hwy.**

**Suite 213**

City  
**Ft. Lauderdale** **FL** Zip Code  
**33308**

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 Gary Fronrath 4-25-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FRONRATH, GARY R.<br>5353 NO FEDERAL HWY STE 204<br>FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WILLIAMS, BARBARA<br>5353 NO FEDERAL HWY STE 204<br>FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath by the corporation or the receiver or trustee empowered to execute this report.