


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H45101  
 1. Entity Name  
 AUTO ACRYLICS, INC.



Principal Place of Business      Mailing Address  
 4029 N.E. 6 AVE.                      4029 N.E. 6 AVE.  
 OAKLAND PARK, FL 33334          OAKLAND PARK, FL 33334

**DO NOT WRITE IN THIS SPACE**



01152004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-2494977                      Not Applicable

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

6. Name and Address of Current Registered Agent

COX, FREDRICK W., JR.  
 1009 N.W. 30 ST.  
 SUITE E-1  
 WILTON MANORS, FL 33311

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COX, FREDERICK W.
STREET ADDRESS	1009 N.W. 30TH ST.
CITY-ST-ZIP	WILTON MANORS, FL
TITLE	D
NAME	COX, PAULA S.
STREET ADDRESS	1009 N.W. 30TH ST.
CITY-ST-ZIP	WILTON MANORS, FL
TITLE	D
NAME	ROBERTSON, MARGARET E.
STREET ADDRESS	5385 PLANTATION ROAD
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000010377  
 01/22/04-80028-016 150.00

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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; 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 with an address, with all other like empowered.

SIGNATURE:       Date: 1/22/04      Daytime Phone #: 954.561.9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR