2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-ZIP

SIGNATURE: 7

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # J37067 1. Entity Name 04-19-2004 90393 032 ***158.75 ACCESSORIA INC. Principal Place of Business Mailing Address 1210 S. DIXIE HIGHWAY 1210 S. DIXIE HIGHWAY CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2736868 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BODNER, EDWARD A. Street Address (P.O. Box Number is Not Acceptable) 1210 S. DIXIE HIGHWAY CORAL GABLES FL 33146 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP Delete TITLE Addition BODNER, EDWARD A. NAME NAME STREET ADDRESS 1210 S. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE DVT Delete TITLE ■ Addition BODNER, EMMY 1210 S. DIXIE I NAME BODNER, EMMY NAME STREET ADDRESS 1210 S. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY.-ST-ZIP CORAL GABLES Delete TITLE Addition NAME FARFAN, RONALD NAME. . . . STREET ADDRESS 1210 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BRIANNA BROWN, BRIANNA NAME NAME STREET ADDRESS STREET ADDRESS 33146 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD A. BODNER MAR

FILED