2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# J69121

Entity Name: AVBORNE ACCESSORY GROUP, INC.

Current Principal Place of Business:

7500 NW 26 STREET
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

C/O LEGAL DEPT.
2665 S. BAYSHORE DRIVE, 8TH FL
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-2806937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, JAMES
5300 NW 36 STREET
BUILDING 850
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

GERSHMAN, DAVID
2665 SO BAYSHORE DR
STE 800
MIAMI, FL 33133 US

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.

SIGNATURE: DAVID GERSHMAN 03/03/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	KUFFNER, MARILYN D	
Address:	2665 S. BAYSHORE DR., 8TH FL	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	GRISIUS, J RAFAEL III	
Address:	1919 PENNSYLVANIA AVENUE NW	
City-St-Zip:	WASHINGTON, DC 20006	
Title:	D	( ) Delete
Name:	WALSH, PRESTON G	
Address:	3150 DOMINION TOWER, 625 LIBERTY AVENUE	
City-St-Zip:	PITTSBURGH, PA 15228	
Title:	DV	( ) Delete
Name:	MCDOWELL, DEREK A	
Address:	2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR	
City-St-Zip:	MIAMI, FL 33133	
Title:	EVP	( ) Delete
Name:	MONTALVO, EDUARDO	
Address:	7500 NW 26 STREET	
City-St-Zip:	MIAMI, FL 33122	
Title:	CFO	( ) Delete
Name:	MARTIN, JAMES	
Address:	5300 NW 36 STREET, BUILDING 850	
City-St-Zip:	MIAMI, FL 33166	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GRISIUS, MICHAEL J.	
Address:	1919 PENNSYLVANIA AVENUE NW	
City-St-Zip:	WASHINGTON, DC 20006	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. KUFFNER S 03/03/2004
Electronic Signature of Signing Officer or Director Date