


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L20381**  
 1. Entity Name  
**ACCURATE STEERING COLUMNS, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>3875 NW 135 ST<br>OPA LOCKA, FL 33054 | Mailing Address<br>3875 NW 135 ST<br>OPA LOCKA, FL 33054 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03202008 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0161611</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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

VICHOT, JUAN  
 3875 N.W. 135 STREET  
 OPA LOCKA, FL 33054

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VICHOT, JUAN<br>3875 NW 135 ST.<br>OPA LOCKA, FL 33054        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>VICHOT, LOURDES S.<br>3875 NW 135 ST.<br>OPA LOCKA, FL 33054 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 04/08/08-80097-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Loures S. Vichot* **3/20/08** **6817991**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #