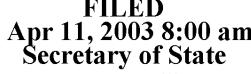
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000022768 **DOCUMENT #** 1. Entity Name





ANNOUNCEMENTS & ACCESSORIES, INC.					100100	
Principal Plac 4801 SW 1141 MIAMI FL 3310	: =:	Mailing Address 4801 SW 114TH COURT MIAMI FL 33165			- 4 And a basin a bank s as ing bank (1881 (1881	
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAK	ING CHANGES	
City & Stat	aleah FL	City & State		4. FEI Number APPLIED FOR	Applied For Not Applicable	
3B0	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Register	ed Agent	
WILLIAMS, DANIA			Name			
4801 SW 114TH COURT			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33165				- P		
			City		Zip Code	
8. The above named entity subfigures 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 primaria or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DANIA 4801 SW 114TH COURT MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CID-ST-ZIP		☐ Change ☐ Addition	
12. I hereby of indicated of the corporated,	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, wi	his filing does not qualify for true and accurate and that my vered to execute this report a th all other like experience.	He exemption stated in Se y signature shall have the s required by Chapter 607	ection 119.07(3)(i), Fiorida Statutes. I further same legal effect as if made under oath; tha 7, Fiorida Statutes; and that my name appear	certify that the information t I am an officer or director is in Block 10 or Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Date

Daytime Phone #