2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P010000266

1. Entity Name AUDIO SOUNDS ELECTRONICS, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90496 003 ***150.00

636	

6931 NW 51 STR MIAMI FL 33166		Mailing Address 6931 NW 51 STREET MIAMI FL 33166		4 (MAXIMATE 1)2 MAXIM (MAXIM MAXIM MAXIM 1)210 MINIM MINIM MINIM MINIM MINIM MINIM MINIM MINIM MINIM MAXIM MINIM M	
2. Principal Plac		3. Mailing Address	a- chart		
10856 Suite, Apt. #,		1.6858 N.W. Suite, Apt. #, etc.	at Stilet	CHECK HERE IF MAKING CHANGES	
City & State	PL SE	City & State Miami, FL		4. FEI Number 65-1089165 Applied For Not Applicable	e
Zip 33172	Country	Zip 	Country	5. Certificate of Status Desired \$8.75 Additional Fee Bequired	
	6. Name and Address of Current F	egistered Agent		7. Name and Address of New Registered Agent	\Box
CAMACHO, I 5971 NW 513 MIAMI FL 33	ST 🧦 -			March Camacha Address (P.O. Box Number is Not Acceptable) 2005 NW. 27 STREET	
8. The above na		the purpose of changing its		r registered agent, or both, in the State of Florida. I am familiar with, and accept	-
SIGNATURE	nature, typidd or printed name of persistered agent ar	id title if applicable. (NOTE	: Registered Agent signatu	ture required when reinstating) DATE	
After M	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\Box
STREET ADDRESS 84) Ddriguez, Alexio Jr. 180 n.w. St. Embroke Pines Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Estange Addition Rodriguez. Alexio Jr. 9630 N.W. 45 care Miami, FL 33178	л
STREET ADDRESS 70) Ddriguez, Karen L 179 n.w. 113th Ct. Iami Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Change Addition Camacho, Karen L. 9630 N.W. 45 Lane Miami, FL 33178	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete——	NAME STREET ADDRESS CHY-ST-ZIP		n
TITLE VAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	a
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition	1

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: