2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2004 08:00 AM Secretary of State **DOCUMENT # P01000088366** 1. Entity Name JR AUTO ACCESSORIES, INC. Mailing Address Principal Place of Business 10111 CLUBHOUSE TURN ROAD 10111 CLUBHOUSE TURN ROAD LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 02182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. PEI Number 65-1134322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOTTO, JOSEPH DO NOT WRITE 10111 CLUBHOUSE TURN ROAD LAKE WORTH, FL 33467 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. agent and title if applicable (NOTE, Ragistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE BOTTO, JOSEPH NAME STREET ADDRESS 10111 CLUBHOUSE TURN ROAD CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE U00000068623 02/27/04-80046-024 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

2-29-0

FILED