




**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90050 027 \*\*\*150.00

DOCUMENT # P02000005899			
1. Entity Name CAR STEREO TRADING, INC.			
Principal Place of Business 5878 NW 111 AVENUE MIAMI, FL 33178		Mailing Address 5878 NW 111 AVENUE MIAMI, FL 33178	
2. Principal Place of Business 8375 NW 68 ST Suite, Apt. #, etc		3. Mailing Address 8375 NW 68 ST Suite, Apt. #, etc	
City & State MIAMI, FL 33166		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA
6. Name and Address of Current Registered Agent TELLE, JOSE L 5404 NW 72ND AVE. MIAMI, FL 33166		7. Name and Address of New Registered Agent Name TELLE, JOSE L Street Address (P.O. Box number is Not Acceptable) 5878 NW 111 AVE City MIAMI FL Zip 33178	
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  JOSE L. TELLE DATE 4/8/05 <small>Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TELLE, JOSE L 5878 NW 111 AVE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GUILLERMO J LOPEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9134 SW 21 TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		GUILLERMO LOPEZ 4-11-05 305-5938361	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date (Daytime Phone #)</small>	