## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000013605** 04-12-2004 90637 045 \*\*\*150 00 1. Entity Name (AAA) AUTO ACCESSORIES OF AMERICA, INC. Principal Place of Business Mailing Address 686 EAST 49 STREET 686 EAST 49 STREET 14001790 HIALEAH, FL- 33013 HIALEAH, FL 33013 2. Principal Place of Business 3. Mailing Address 9325 W. OKEECHOSEE RO 7325 wookerchober RD. Suite, Apt. #, etc Suite, Apt. #, etc. 03222004 Chg-P CR2E034 (10/03) 84y #9 BAY #9 City & State City & State 4. FEI Number Applied For HIALETH GARDENS, HIAIEAH GARDONS 13-4236734 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33016 U.5.A. 33016 U·S·A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARAY: ANTHONY E ~ Street Address (P.O. Box Number is Not Acceptable) 686 EAST 49 STREET HIALEAH, FL 33013 Zip Code 330/6 GAIEAH GARDENS 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 redistered agent. 04/01/04 president SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. П After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Change NAME GARAY, ANTHONY E NAME STREET ADDRESS 686 EAST 49 STREET 9325 W. OKECHODER RO BAYHA STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP Himlent garvens, Fl. 33016 TITLE ☐ Delete TITLE Change Addition GAITAN, HENRY NAME NAME STREET ADDRESS 686 EAST 49 STREET STREET ADDRESS 9325 w. steechober RD Bay#9 CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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.

Anthony E. GARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED

305-231-2040

Daytime Phone #