
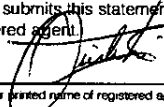
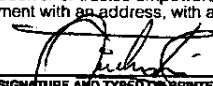


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000142858 1. Entity Name QUINTERO AUTO SOUND INC						FILED 04 JUL 28 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2727 NW 17 TERRA #303 MIAMI, FL 33128				Mailing Address 2727 NW 17 TERRA #303 MIAMI, FL 33125			
2. Principal Place of Business 9215 SW 35 ST				3. Mailing Address Suite, Apt. #, etc. SAME			
City & State MIAMI FL				City & State City & State			
Zip 33165		Country USA		Zip Zip		Country Country	
6. Name and Address of Current Registered Agent QUINTERO, JOSE 2727 NW 17 TERRA #303 MIAMI, FL 33125				7. Name and Address of New Registered Agent Name JOSE QUINTERO Street Address (P.O. Box Number is Not Acceptable) 9215 SW 35 ST. City MIAMI FL Zip Code 33165			
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  (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME QUINTERO, JOSE STREET ADDRESS 9215 SW 35 STREET CITY-ST-ZIP MIAMI, FL 33165				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____							