

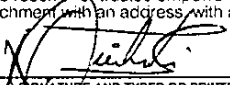


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90420 028 ***150.00

DOCUMENT # P03000142858 1. Entity Name QUINTERO AUTO SOUND INC					
Principal Place of Business 9215 SW 35TH STREET MIAMI, FL 33165			Mailing Address 9215 SW 35TH STREET MIAMI, FL 33165		
2. Principal Place of Business 2150 N.W. 9 ST Suite, Apt. #, etc. 502		3. Mailing Address 2150 NW. 9 ST Suite, Apt. #, etc. 502			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 54-2135535	
Zip 33125		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTERO, JOSE 9215 SW 35TH STREET MIAMI, FL 33165				7. Name and Address of New Registered Agent Name JOSE QUINTERO Street Address (P.O. Box Number is Not Acceptable) 2150 N.W. 9 ST # 502 City MIAMI FL Zip Code 33125	
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 resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P <input type="checkbox"/> Delete QUINTERO, JOSE 9215 SW 35TH STREET MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2150 N.W. 9 ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 502 MIAMI FL 33125	
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	
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)(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: 			4/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		