## 2005 FOR PROFIT CORPORATION

## FILED May 02, 2005 8:00 am

	ANNUAL	KEPUKI	<del></del>			secr	etar	y of Sta	ite
DOCUMENT # P03000142858  1. Entity Name QUINTERO AUTO SOUND INC					Secretary of State 05-02-2005 90420 028 ***150.00				
Principal Place	e of Business	Mailing Address				-	2014.	32/1	
9215 SW 25TH STREET 9215 SW 25TH STREET							- 4,	0 C 4	
MIAMI FL 33165 MIAMI FL 33165				İ			_		
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6 D	In a 2/D 2/200	0 14-25 4-14							
2. Principal Place of Business 21.50 N.W. 9 ST 21.50 NW. 9			951	-		HILLEN IIIIT BUT			
Suite, Apt.		1-P-7-1	_/ _/						
50.		Suite, Apt. #, etc.			04282005	Chg-f	•	CR2E034 (10/03)	
City & State	9	City & State			4. FEI Numb	er		A	pplied For
MIL	IMI FL	MISMI	FC.		54-213	5535		N	ot Applicable
3212	Country	Zip	Country /5		5. Certificate	of Status D	esired	□ \$8.75 Ad	
31/2	-5 183	33125	$-\mu$	·				Fee Require	ed
	6. Name and Address of Current I	Registered Agent	Name	,	7. Name and	Address	t New Regi	stered Agent	
QUINTERO, JOSE					5/11.	NER	'O		
9215 SW 35TH STREET					O. Box Numb	er is Not Ac	ceptable)		
MIAM, FL 33165						, -	·	44	
/			21	50	N.W	. 9	<u>S 7 7</u>	#502	
			City	111	111			FL Zip Coo	ie ar
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or bo	th, in the Sta	ate of Florid	a. I am famillar with	, and accept
SIGNATURE_									
0,0,0,0,0,0	Signature Typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatu	re required	when reinstating)			DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		<b>\$5.</b> Adde	00 May Be ed to Fees	: -			
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS	CHANGES	TO OFFICE	RS AND DIRECTOR	RS IN 11
TITLE	P	☐ Delete	TITLE	21	50 N	/	ac.	Change	■ Addition
NAME	QUINTERO, JOSE		NAME	المعر	. —				
STREET ADDRESS CITY-ST-ZIP	9215 SM 35TH STREET MAMI, FL 33165		STREET ADDRESS CITY-ST-ZIP	7.77	502	11 /	<i>=</i> (	3312	T
	MINIMI, I E 33 103	☐ Delete	TITLE		7011 21	V		☐ Change	☐ Addition
TITLE		L. Deleie	NAME					□ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP						
TILE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			<del> </del>			
FITLE		☐ Detete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY+\$T+ZIP			CITY-ST-ZIP						
THILE	-	☐ Delete	TITLE					☐ Charige	Addition
NAME		L Delete	NAME					change	LJ Addition
STREET ADDRESS			STREET ADDRESS						
CITY ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME	1		NAME						
STREET ADDRESS	·		STREET ADDRESS						
CITY - ST - ZIP			CITY-ST-ZIP						
12. I hereby indicated	certify that the information supplied with I on this report or supplemental report is	this filing does not qualify for t true and accurate and that my	he exemption stat y signature shall h	ed in Se ave the s	ction 119.07(3 same legal effe	(i), Florida S ct as if mad	itatutes. I fu e under oat	rther certify that the h; that I am an office	information er or director

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an address with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #