## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000095620

GALLEGO, SANTIAGO

2301 LANDINGS BLVD

WEST PALM BEACH, FL 33413

Name:

Address:

City-St-Zip:

Entity Name: AUTO SEAT COVERS & ACCESSORIES, INC.

FILED Mar 28, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
Current Finicipal Flace of Business.			•	New Finicipal Flace of Business.	
2301 LANDINGS BLVD WEST PALM BEACH, FL 33413			2210 SOUTHEAST I STUART, FL 34997	2210 SOUTHEAST INDIAN STREET STUART, FL 34997	
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
	DINGS BLVD LM BEACH, F	L 33413			
FEI Number	: 20-5248273	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
1840 SW: 4TH FLOO MIAMI, FL The above	OR 33145 US		e purpose of changing its register	red office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	RANA, MUSHT 2301 LANDING		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RANA, LOREN 2301 LANDING		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BARRANTES, 2301 LANDING		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MUSHTAQ RANA DP 03/28/2007