

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000029839

1. Entity Name
ACOUSTICAL PRODUCTS COMPANY, INC.



Principal Place of Business
**9000 W SHERIDAN ST
166
PEMBROKE PINES, FL 33024**

Mailing Address
**9000 W SHERIDAN ST
166
PEMBROKE PINES, FL 33024**



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0485319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUATY, JOSE
2120 NW 106TH AVE
PEMBROKE PINES, FL 33026**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000064634
02/25/04-80004-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUATY, JOSE
STREET ADDRESS	9000 W SHERIDAN ST 166
CITY- ST- ZIP	PEMBROKE PINES, FL 33024
TITLE	VS
NAME	GUATY, JANETTE
STREET ADDRESS	9000 W SHERIDAN ST 166
CITY- ST- ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/04

954-431-3899