

FILED

Apr 19, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P84000074121 1. Entity Name CAR STEREO, INC.			
Principal Place of Business 1621 CASSAT AVE JACKSONVILLE, FL 32210		Mailing Address 1621 CASSAT AVE JACKSONVILLE, FL 32210	
DO NOT WRITE IN THIS SPACE			
04162004 No Chg-P CR2E034 (10/03)			
4. FEI Number 69-3274635			Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAKER, MAHMOUD A 1621 CASSAT AVE JACKSONVILLE, FL 32210		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when maintaining)			
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	
10. OFFICERS AND DIRECTORS		U00000117355 04/19/04-80016-007 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MAHMOUD A 1621 CASSAT AVE JACKSONVILLE, FL 32210		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 807, 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 fees empowered.			
SIGNATURE: <u><i>Mr. Baker</i></u>		Date: <u>4-16-04</u> Daytime Phone: _____	