


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000033625</b> 1. Entity Name ACCESSORY EXPRESS, INC.	
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Principal Place of Business 11200 NW 25 ST STE 125 MIAMI, FL 33172 US	Mailing Address 11200 NW 25 ST STE 125 MIAMI, FL 33172 US
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01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0576061	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DEARR, CRAIG R TWO DATRAN CENTER, SUITE 1609 9130 S. DADELAND BLVD. MIAMI, FL 33156
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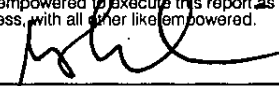
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000820869 02/19/08-80001-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDMANN, ANDREW C 11200 NW 25 ST STE 125 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LALANI, NOORDIN 11200 NW 25 ST STE 125 MIAMI, FL 33172
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/6/08</u> Daytime Phone # <u>305-513-0300</u>
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