

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018553

1. Entity Name

HIGH TECH CAR ACCESORIES, INC.

FILED

05 MAR 15 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4255 EAST 8th AVE

3. Mailing Address

4255 EAST 8th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number
65-0815725

Applied For
Not Applicable

Zip
33013

Country
USA

Zip
33013

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

REINSTATEMENT 04-05
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JULIO C. IZQUIERDO

Street Address (P.O. Box Number is Not Acceptable)

15991 SW 73rd ST

City
MIAMI, FL Zip Code
33193

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.

SIGNATURE

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

JULIO C. IZQUIERDO

(NOTE: Registered Agent signature required when reinstating)

1/10/05

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1: Fee is \$150.00;
After May 1: Fee is \$550.00.
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JULIO C. IZQUIERDO 15991 SW 73rd ST MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	08/25/04 90003 025 \$150.00 01/24/05 01046 010 \$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000050302830 04/11/05--01005--006 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 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

JULIO C. IZQUIERDO

1/10/05 (305) 681-1213

Date

Daytime Phone #