


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90104 008 ***150.00

DOCUMENT # P98000018553					
1. Entity Name HI-TECH CAR ACCESORIES, INC.					
Principal Place of Business 4255 EAST 8TH AVENUE HIALEAH, FL 33013			Mailing Address 4255 EAST 8TH AVENUE HIALEAH, FL 33013		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0815725	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IZQUIERDO, JULIO C 15991 SW 73RD ST MIAMI, FL 33193			Name <u>Julio C. Izquierdo</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>110341 SW 62 Terr.</u>		
			City <u>Miami</u> State <u>FL</u> Zip Code <u>33193</u>		
			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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>6/12/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD IZQUIERDO, JULIO C	<input type="checkbox"/> Delete	TITLE	PD <u>Julio C. Izquierdo</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZQUIERDO, JULIO C		NAME	<u>Julio C. Izquierdo</u>	
STREET ADDRESS	15991 S.W. 73RD STREET		STREET ADDRESS	<u>110341 SW 62 Terr</u>	
CITY - ST - ZIP	MIAMI, FL 33193		CITY - ST - ZIP	<u>MIAMI, FL 33193</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>6/12/06</u> (305) 681-1213 <small>Date Daytime Phone #</small>		