2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Mar 29, 2004 08:00 A			
DOCUMENT # P9800050833 1. Enlity Name COMPONENTS AMERICA, INC.					Sec	retary	of State
Principal Place of I 4315 NW 7 ST STE 51 MIAMI, FL 33126		Mailing Address 4315 NW 7 ST STE 51 MIAMI, FL 33126					
	NOT WRITE		CE	03132004 4. FEI Numbi 65-084		CR2E034 (
6. Name and Address of Current Registered Agent DEL CASTILLO, LUIS R 9610 NW 80 AVE MIAMI, FL 33016				IN 7	NOT W THIS SP	ACE	
the obligations SIGNATURE Signa FILE N	ned entity submits this statement for the of registered agent. ature, typed or printed name of registered agent and the organization of the organ		ed Agent signature required	_ a	h, in the State of Flo	rida, I am fami	iar with, and accept
10. INTLE PD NAME QU STREET ADDRESS 43*	1, 2004 Fee will be \$550.00 OFFICERS AND DIR UESADA, JOSE M 15 NW 7 ST #51 AMI, FL 33126	-	-)098476 -80041-02	
TITLE VP NAME BR STREET ADDRESS 43	PST RENDEL, JURGEN 115 NW 7 ST #51 AMI, FL 33126			DO	NOT W		30 100100
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	i, <u>.=</u>				THIS SF		
TITLE		*	1		•		e e

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:

PRESIDENT

Officer of further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes I further certify that the information indicated on this report or supplied 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.

PRESIDENT

SIGNATURE:

NAME STREET ADDRESS CHY-ST-ZIP

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR