


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90479 011 \*\*\*150.00

<b>DOCUMENT # P98000072104</b> 1. Entity Name ACCENT POTS & CLAY, INC.	
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Principal Place of Business 4590 NW 72ND AVE MIAMI, FL 33166	Mailing Address 4590 NW 72ND AVE MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0857048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, Q. ELENA V  
8525 NW 53RD TERR  
STE 105  
MIAMI, FL 33166

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09/27/05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ Q., L.C.I. V MONTECITO NO. 38 PISO 22 OFC. 8 COL NAPOLE CP 03810 MEXICO, D.F.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLS R., ANALAURA MONTECITO NO. 38 PISO 22 OFC. 8 COL NAPOLE CP 03810 MEXICO, D.F.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA SANCHEZ

APRIL 27, 2005

Date

305 418 2111

Daytime Phone #