

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90019 046 \*\*\*158.75

**DOCUMENT # P99000011706**

1. Entity Name

CAR AUDIO EXPORT INC.



Principal Place of Business

10295 COLLINS AVE., 1507-N  
BAL HARBOUR FL 33154

Mailing Address

10295 COLLINS AVE., 1507-N  
BAL HARBOUR FL 33154

54004555



MOORE

CR2E034 (11/03)

2. Principal Place of Business

10275 Collins Ave

3. Mailing Address

10275 Collins Ave

Suite, Apt. #, etc.

1532

Suite, Apt. #, etc.

# 1532

City & State

Bal Harbour

City & State

Bal Harbour, FL

4. FEI Number

65-0892375

Applied For

Not Applicable

Zip

FL 33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SZPILFEIGEL, ROCIO  
10295 COLLINS AVE.  
1507 NORTH  
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name

Szpilfeigel Rocio

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

10275 Collins Ave

# 1532

City

Bal Harbour

FL

Zip Code

33154

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SVD ☐ Delete  
NAME SZPILFEIGEL, ROCIO  
STREET ADDRESS 10295 COLLINS AVE. APT. 1507 N  
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE PTD ☐ Delete  
NAME SZPILFEIGEL, ALBERTO  
STREET ADDRESS 10295 COLLINS AVE. APT. 1507 N  
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 305 864 2295

Date

Daytime Phone #