


FILED
Sep 05, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 649273
 1. Entity Name
SALEMI'S BODY SHOP, INC.



Principal Place of Business
**1602 N. ARMENIA AVENUE
 TAMPA, FL 33607**

Mailing Address
**1602 N. ARMENIA AVENUE
 TAMPA, FL 33607**

DO NOT WRITE IN THIS SPACE



08022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1961626

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SALEMI, SAM
 1602 N. ARMENIA AVENUE
 TAMPA, FL 33607**

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 _____ U00000576164
 09/05/06-80011-017 150.00
Signature, typed or printed name of registered agent and CEO if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$6.00 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

TITLE	P
NAME	SALEMI, SAM, JR
STREET ADDRESS	7903 GOLDEN GLEN
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	VD
NAME	SALEMI, SAM, SR
STREET ADDRESS	8306 TERRACE WOOD CIRCLE
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	ST
NAME	SALEMI, GRACE
STREET ADDRESS	8306 TERRACE WOOD CIRCLE
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	V
NAME	RUSSO, PATRICIA
STREET ADDRESS	16315 NORWOOD DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	ILER, SANDRA
STREET ADDRESS	5403 WINHAWK WAY
CITY-ST-ZIP	LUTZ, FL 33558
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 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: Sandra Iler (SANDRA ILER) 8/31/06 (813) 879-2723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #