

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 649273

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** SALEMI'S BODY SHOP, INC.

**Current Principal Place of Business:**

1602 N. ARMENIA AVENUE  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1602 N. ARMENIA AVENUE  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-1961626      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALEMI, SAM  
1602 N. ARMENIA AVENUE  
TAMPA, FL 33607    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SALEMI, SAM, JR  
Address: 7903 GOLDEN GLEN  
City-St-Zip: TAMPA, FL 00000,

Title: VD  
Name: SALEMI, SAM, SR  
Address: 8306 TERRACE WOOD CIRCLE  
City-St-Zip: TAMPA, FL 00000,

Title: ST  
Name: SALEMI, GRACE  
Address: 8306 TERRACE WOOD CIRCLE  
City-St-Zip: TAMPA, FL 00000,

Title: V  
Name: RUSSO, PATRICIA  
Address: 16315 NORWOOD DRIVE  
City-St-Zip: TAMPA, FL

Title: V  
Name: ILER, SANDRA  
Address: 5403 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAM SALEMI, JR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

02/28/2012

\_\_\_\_\_ Date