2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000001253 1. Entity Name FILED FLORIDA AUTO & SALVAGE, INC. 06 APR 19 AH 7:59 SOLUTION DI DI ATE TALLAMASCEE, ELGRIDA Principal Place of Business Mailing Address 1875 SR 207 1875 SR 207 SAINT AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3356377 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHATILA, RIAD Street Address (P.O. Box Number is Not Acceptable) **57 MENENDEZ RD** SAINT AUGUSTINE, FL 32080 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE Delete TITLE Change Addition WILLIAMS, JAMES NAME NAME STREET ADDRESS 1875 SR 207 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 TITLE TITLE ☐ Change ☐ Addition Delete ZIEMBINSKI-ALLEN, VERA NAME NAME STREET ADDRESS 1875 SR207 STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32086 CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition CHATILA, ABRAHAM R NAME NAME STREET ADDRESS **57 MENENDEZ RD** STREET ADDRESS CITY-ST-7IP SAINT AUGUSTINE, FL 32080 CITY-ST-7/P Delete TITLE TSD TITLE ☐ Change ☐ Addition NAME CHATILA, RIAD NAME STREET ADDRESS 57 MENENDEZ RD STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME CHATILA, GHADA NAME 400072731504 04/28/06--01032--005 **61 STREET ADDRESS 57 MENENDEZ RD STREET ADDRESS **61.25 SAINT AUGUSTINE, FL 32080 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CHATILA, ABDUL R NAME NAME 57 MENENDEZ RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 CITY-ST-ZIP 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone