



**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000073550</b>						<b>Jan 23, 2006 08:00 A</b>					
<b>1. Entity Name</b> DEALERS WHOLESALE SALVAGE, INC.								<b>Secretary of State</b>			
<b>Principal Place of Business</b> 991 EAST SAMPLE ROAD POMPANO BEACH, FL 33064				<b>Mailing Address</b> 1881 SW 3RD STREET POMPANO BEACH, FL 33069							
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01052006 Chg-P CR2E034 (11/05)			
<b>City &amp; State</b>				<b>City &amp; State</b>				<b>4. FEI Number</b> 65-0862114		<input type="checkbox"/> <b>Applica For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>					
MARTIN, ROBERT C 319 S.E. 14TH STREET FORT LAUDERDALE, FL 33316-1929						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL		
<b>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.</b>											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
DATE _____											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>						<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		PS <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		PERETZ, MEIR				NAME					
STREET ADDRESS		1211 S.W. 2ND STREET				STREET ADDRESS		U000000393997			
CITY-ST-ZIP		POMPANO BEACH, FL 33069				CITY-ST-ZIP		01/25/06-80044-018 150.00			
TITLE		VPT <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		MCWHORTER, MARC				NAME					
STREET ADDRESS		991 EST SAMPLE ROAD				STREET ADDRESS					
CITY-ST-ZIP		POMPANO BEACH, FL 33064				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
<b>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.</b>											
<b>SIGNATURE:</b> _____						Meir Peretz 1/18/06 954-784-2854					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date Daytime Phone #</small>					