

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H40153

**Entity Name:** KIM'S SALVAGE, INC.

**Current Principal Place of Business:**

5357 N. U.S. 1  
FT. PIERCE, FL 34946

**Current Mailing Address:**

5357 N. U.S. 1  
FT. PIERCE, FL 34946

**FEI Number:** 59-2629375

**Certificate of Status Desired:** No

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

KIM, BONG KEE PD  
5357 N. U.S. 1  
FT. PIERCE, FL 34946 US

*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

**Officer/Director Detail :**

Title PD  
Name KIM, BONG KEE  
Address 1908 ZEPHYR AVE  
City-State-Zip: FORT PIERCE FL 34982

Title D  
Name KIM, KUM SOOK  
Address 1908 ZEPHYR AVE  
City-State-Zip: FT. PIERCE FL 34982

Title DS  
Name KIM, YEUN JAE  
Address 1908 ZEPHYR AVE  
City-State-Zip: FT PIERCE FL 32982

*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:** BONG KEE KIM

**PRESIDENT**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date