


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**


04-18-2006 90076 025 \*\*\*150.00

<b>DOCUMENT # 357899</b> 1. Entity Name AMERICAN AUTO SALVAGE INC	
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Principal Place of Business 407 N. 22ND ST TAMPA, FL 33605	Mailing Address 407 N. 22ND ST TAMPA, FL 33605
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**DO NOT WRITE IN THIS SPACE**

40052652



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1312370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, SAM  
407 N 22ND ST  
TAMPA, FL 33605

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASTELLANO, JOHN 102 RONELLE DRIVE BRANDON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CASTELLANO, MARY 401 N. 22ND ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTELLANO, SAM 6202 36TH AVE SOUTH TAMPA FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/13/06 00076 015 150.00

**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: *Sam Castellano* 3/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #