## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#818558** 

FILED Jan 09, 2008 Secretary of State

Entity Name: CLEVELAND WRECKING COMPANY

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
600 MONT	GOMERY ST	REET			
25TH FLO					
SAN FRAI	NCISCO, CA	94111			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
600 MONT	GOMERY ST	REET			
25TH FLO					
SAN FRAI	NCISCO, CA	94111			
FEI Number	: 31-0244320	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
CT CORP	ORATION SY	STEM			
	TH PINE ISLA				
PLANTAT	ION, FL 3332	4 US			
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	DE:				
		nic Signature of Registered Ag	ont .	Data	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	SHERIDAN, JA	MES P	Name:		
Address:	628 EAST EDI		Address:		
City-St-Zip:	COVINA, CA	91723	City-St-Zip:		
Title:	VTD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	ARMSTRONG	RITA	Name:	., -	
Address:		MERY ST., 25TH FLOOR	Address:		
City-St-Zip:	SAN FRANCIS	CO, CA 94111	City-St-Zip:		
Title:	V (	) Delete	Title:	( ) Change ( ) Addition	
Name:	FUGATE, WIL		Name:	( ) 3- ( )	
Address:	628 EAST EDI	NA PLACE	Address:		
City-St-Zip:	COVINA, CA 9	91723	City-St-Zip:		
Title:	S (	) Delete	Title:	() Change () Addition	
Name:	MOORE, JOSI		Name:	- , ,	
Address:	600 MONTGO	MERY ST., 25TH FLOOR	Address:		
City-St-Zip:	SAN FRANCIS	CO, CA 94111	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH F. MOORE S 01/09/2008