2007 FOR PROSIT CORPORATION ANNUAL REPORT

DOCUMENT # K10682

Entity Name

SALERNO AUTO PARTS, INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

4786 SE RAILWAY AVE

P.O. BOX 268 PORT SALERNO, FL 34992 Mailing Address

4786 SE RAILWAY AVE P.O. BOX 268

PORT SALERNO, FL 34992



			THIS		

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0019107 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SQUADRITO, ROSS R. 4786 S.E. RAILWAY AVE. PORT SALERNO, FL 34992

DO NOT WRITE IN THIS SPACE

				*			1 de 7 e
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of	Florida. I am fam	iliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	Languicable (NOTF: Registered	Acent sinnature	required when reinstating)		DATE	
	Signature, types of printed rating of registrated bytes, and shot	(10.11.10931000	rgon agracos	reduction with the state by			
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ME TO PORT OF	ા જાણુજ ૧ છે. પ્રીપ્ર	Some Some	م المعادي المداد الماد المعادة
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TITLE					20 St. St. St.	1.50 to	 (*) (*) (*) (*) (*) (*) (*) (*) (*)

12. Thereby certify that the information supplied with this filling 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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

CONSTURE AND TYPED OF PRINTED NAME OF SIGNING OFF PERFOR DIRECTOR

/3/07 772,287-790C