


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K10682 1. Entity Name SALERNO AUTO PARTS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0019107	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SQUADRITO, ROSS A 3176 SW ALEXANDER CT PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SQUADRITO, MICHAEL T 4786 SE RAILWAY AVE PORT SALERNO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SQUADRITO, ROSS A 4786 SE RAILWAY AVE PORT SALERNO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/09/07-80005-010 150.00

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: *Ross R Squadrino* **1/3/07 772.287-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #