2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90060 030 ***150.00

DOCUMENT # P00000035065

1. Entity Name
DISCOUNT AUTO SALVAGE, INC.

Principal Place of Business	Mailing Address
332 CR 13 ORLANDO, FL 32833	264 LEXINGDALE DR ORLANDO, FL 32828

01222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2659 APOPKA Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State
Zip: 32703 Country: ORANGE	Zip Country

4. FEI Number
59-3628312
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAJDIZADEH, ABDOUL-KARIM
739 POND PINE COURT
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name: MAJDIZADEH, ABDOUL-KARIM
Street Address (P.O. Box Number is Not Acceptable): 264 LEXINGTON DR.
City: ORLANDO FL Zip Code: 32828

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: A Majdizadeh
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJDIZADEH, ABDOUL-KARIM 739 POND PINE COURT ORLANDO, FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJDIZADEH, ABDOUL, KARIM 264 LEXINGTON DR ORLANDO, FL 32828 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A Majdizadeh PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #