2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2004 8:00 am **Secretary of State** DOCUMENT # P03000013773 02-17-2004 90009 050 ***150.00 ATNT SALVAGE & RECOVERY, INC. Principal Place of Business Mailing Address 23 TOLEDO COURT 23 TOLEDO COURT **DAVIE, FL 33325 DAVIE, FL 33325** 3. Mailing Address 2. Principal Place of Business 16602 NE lvenue 16602 NE Suite, Apt. #, etc. 02112004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number 32 - 0066779 Applied For FL FL MIAMI Miami Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 33160 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shirleu STARLING, SHIRLEY P ESQ. String mber is Not Acceptable) 15500 NEW BARN ROAD SUITE 207 MIAMI LAKES, FL 33014 Suite 200 CityCooper 330°24 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. Shirley P. Starling 02.11.04 OTE: Registered Agent signatural required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPCEO **PCEO** ☐ Addition TITLE ☐ Delete TITLE Change Randazzo, Tammy 12321. NW 29 Street NAME RANDAZZO, TAMMY NAME 23 TOLEDO COURT STREET ADDRESS STREET ADDRESS **DAVIE, FL 33325** CITY-ST-ZIP CITY-ST-ZIP Sunrise FL 33323 Delete TITLE ☐ Change ☐ Addition RANDAZZO, TAMMY NAME NAME STREET ADDRESS 23 TOLEDO COURT STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP **DAVIE, FL 33325** ☐ Addition ☐ Delete TITLE Change LANGENBERG, TONY I:AME STREET ADDRESS POST OFFICE BOX 600245 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE MARTI, NELSON NAME 40 EAST 51ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition MORALES, ALEX NAME **2418 SW 163RD AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33022 CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 supplimental 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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