


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1/31

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90053 025 \*\*\*150.00

<b>DOCUMENT # P04000022761</b> 1. Entity Name <b>NORTH BREVARD AUTO SALVAGE, US 1, INC.</b>	
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Principal Place of Business <b>5345 US HWY 1 MIMS, FL 32754</b>	Mailing Address <b>5345 US HWY 1 MIMS, FL 32754</b>
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**66001923**



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01162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0626274</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAJGAH, MONIR  
264 LEXINGDALE DR  
ORLANDO, FL 32828**

**DO NOT WRITE  
IN THIS SPACE**

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  **2-16-06**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAJGAH, MONIR 264 LEXINGDALE DR ORLANDO, FL 32828
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**DO NOT WRITE  
IN THIS SPACE**

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:  **2-16-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #