2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000022761

1. Entity Name

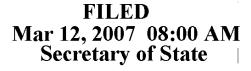
NORTH BREVARD AUTO SALVAGE, US 1, INC.



Principal Place of Business

5345 US HWY 1 MIMS, FL 32754 Mailing Address

5345 US HWY 1 MIMS, FL 32754





DO NOT WRITE IN THIS SPACE

 02232007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-0626274
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

BAJGAH, MONIR 264 LEXINGDALE DR ORLANDO, FL 32828

SIGNATURE:

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

			IN THIS STAGE		
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					
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, 2007 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		*	
NAME STREET ADDRESS CITY-ST-ZIP	DP BAJGAH, MONIR 264 LEXINGDALE DR ORLANDO, FL 32828				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000661762 03/20/07-80053-020 150.00
NAME STREET ADDRESS CITY-ST-ZIP			:	DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				· IN ·	THIS SPACE
TITLE NAME STREET ADDRESS					
CITY-ST-ZIP			1 .		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
12. Thereby 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 another 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.					