


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P04000022761 1. Entity Name NORTH BREVARD AUTO SALVAGE, US 1, INC. |  |
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| Principal Place of Business 5345 US HWY 1 MIMS, FL 32754 | Mailing Address 5345 US HWY 1 MIMS, FL 32754 |
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-0626274 | Applied For Not Applicable |
| 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 BAJGAH, MONIR 264 LEXINGDALE DR ORLANDO, FL 32828 |
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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. **\$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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03/20/07-80053-020 150.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____