
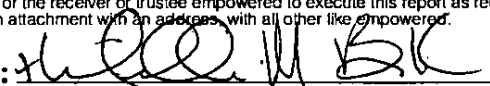


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90052 006 \*\*\*150.00

<b>DOCUMENT # P04000082699</b> 1. Entity Name <b>PRIDE AUTO SALVAGE &amp; PARTS INC.</b>			
Principal Place of Business <b>2180 NW 70TH AVENUE MARGATE, FL 33063</b>		Mailing Address <b>2180 NW 70TH AVENUE MARGATE, FL 33063</b>	
2. Principal Place of Business <b>1701 NW 22ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1701 NW 22ST</b> Suite, Apt. #, etc.	
City & State <b>FT LAUD, FL</b> Zip <b>33311</b>		City & State <b>FT LAUD, FL</b> Zip <b>33311</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>	
4. EEI Number <b>20-1168667</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BROCK, WILLIAM 2180 NW 70TH AVENUE MARGATE, FL 33063</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>BROCK, WILLIAM</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>2180 NW 70TH AVENUE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>MARGATE, FL 33063</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>V.P</b>	NAME <b>SANDY HERNANDEZ</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>365 NW 45CT FT LAUD, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>33304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		<b>3/25/05</b> <b>954-535-1177</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			