## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

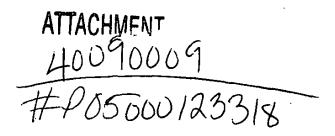
SIGNATURE:

**DOCUMENT # P05000123318** 06 AUG 18 PM 3: 38 BROWARD DADE AUTO DISPOSAL INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7369 SHERIDAN STREET 4000 SW 47 AVE DAVIE, FL 33314 201 HOLLYWOOD, FL 33024 us 2. Principal Place of Business 3. Mailing Address Strite, Apt. #, etc. Suite, Apt. #. etc. 05052006 CR2E034 (11/05) Chg-P City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANES, MICHAEL ESQ. Street Address (P.O. Box Number is Not Acceptable) 633 SOUTH FEDERAL HWY FT. LAUDERDALE, FL 33301 City 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. DATE (NOTE: Registered Agent Eigneture required when reinstating) FILE NOWILL FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P.D Change Addition ☐ Delete TITLE TITLE DANIELLE, LARRY NAME NAME STREET ADDRESS 424 HENDRICKS ISLE # 11 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZP T.D ☐ Change ☐ Addition TITLE ☐ Deleta TITLE DANIELLE, CATHY NAME STREET ADDRESS 424 HENDRICKS ISLE # 11 STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-ZP CITY-ST-ZIP Change ☐ Addition Detete TITLE TILE NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Detete ☐ Change Addition TITLE HAR STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-SI-ZIP TOTE October TITLE □ Change ☐ Addition NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing ones 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 cettly that I am an officer or director of the corporation or the receiver or fluster 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 life empowered.

208/18

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## **Broward Dade Auto Disposal, Inc.** 4000 SW 47<sup>th</sup> Avenue

4000 SW 47<sup>th</sup> Avenue Davie, Florida 33314

(954-581-0027)

5/2/06

Florida Divison of Corporations PO Box 6198 Tallahassee, FL 32314

RE: Fein# 20-3414339

Dear Sirs:

I am enclosing a renewal fee of \$150.00 and I am requesting that you please remove the late fee as we have never received the renewal card for that location.

Thank you for you consideration in this matter.

Please notify me if you need any other information

Dotty Ames

Administrative Assistant

Cc: Cathy Danielle