


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90057 031 \*\*\*150.00

<b>DOCUMENT # P06000077087</b> 1. Entity Name <b>BROTHERS AUTO &amp; TRUCK SALVAGE INC.</b>					
Principal Place of Business <b>2745 NW 19TH STREET FT LAUDERDALE FL 33311</b>			Mailing Address <b>2745 NW 19TH STREET FT LAUDERDALE FL 33311</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-5024398</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KLEINSTEIN, WAYNE 2745 NW 19TH STREET FT LAUDERDALE FL 33311</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <u>Wayne Kleinstein</u> <u>WAYNE Kleinstein</u> <u>4/9/07</u> <small>Signature, type or printed name of registered agent and title if applicable (NOT Registered Agent signature required when re-registering)</small>				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KLEINSTEIN, WAYNE <input type="checkbox"/> Delete STREET ADDRESS 2745 NW 19TH STREET CITY ST- ZIP FT LAUDERDALE FL 33311				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST- ZIP	
TITLE VP NAME KLEINSTEIN, GREGG <input type="checkbox"/> Delete STREET ADDRESS 2745 NW 19TH STREET CITY ST- ZIP FT LAUDERDALE FL 33311				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wayne Kleinstein WAYNE Kleinstein 4/9/07 954 618-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #