


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90115 035 ***150.00
P95000040491

DOCUMENT # P95000040491 1. Entity Name J.B. SALVAGE YARD, INC.			
Principal Place of Business 1306 SILVER BEACH ROAD LAKE PARK, FL 33403		Mailing Address 1306 SILVER BEACH ROAD LAKE PARK, FL 33403	
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address 9275 SW 43 Ter	
City & State		Suite, Apt. #, etc MIAMI	
City & State FL		City & State FL	
Zip 33165		Country DADE	
4. FEI Number 65-0589463		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIOSDADO J. BROCHE 1306 SILVER BEACH ROAD LAKE PARK, FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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: <u><i>Dioldado Broche</i></u> <u><i>Pres-OWNER</i></u> <u><i>7-1-05</i></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST BROCHE, DIOSDADO J. 9275 S.W. 43RD TERRACE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u><i>Dioldado Broche</i></u> <u><i>DIOSDADO Broche</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR</small>		Date: <u><i>7-1-05</i></u> <u><i>561-8449077</i></u> <small>Date Digits for the fee</small>	

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