


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # P95000040491**

1. Entity Name  
**J.B. SALVAGE YARD, INC.**



FILED  
05 JUL 11 AM 11:49

SECRET  
TALL  
**50054566**



Principal Place of Business  
**1306 SILVER BEACH ROAD  
LAKE PARK, FL 33403**

Mailing Address  
**1306 SILVER BEACH ROAD  
LAKE PARK, FL 33403**

07012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address  
**9275 SW 43 Terr**

Suite, Apt. #, etc  
**MIAMI**

City & State  
**FL**

Zip  
**33165**

Country  
**DADE**

4. FEI Number  
**65-0589463**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 **FL** 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: *Dioldado Broche* **PRES-OWNER** **7-1-05**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PDST<br/>BROCHE, DIOSDADO J.<br/>9275 S.W. 43RD TERRACE<br/>MIAMI, FL 33165</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: *Dioldado Broche* **DIOSDADO Broche** **7-1-05** **561-8449077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date