2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 08, 2008 08:00 AN **DOCUMENT # P95000040491** Secretary of State 1. Entity Name J.B. ŚALVAGE YARD, INC. Principal Place of Business Mailing Address 1306 SILVER BEACH ROAD 9275 SW 43 TERRACE MIAMI, FL 33165 LAKE PARK, FL 33403 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0589463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIOSDADO J. BROCHE DO NOT WRITE 1306 SILVER BEACH ROAD LAKE PARK, FL 33403 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS POST TITLE BROCHE, DIOSDADO J NAME STREET ADDRESS 9275 S.W. 43RD TERRACE CITY-ST-ZIP MIAMI, FL 33165 TITLE U00000819972 02/18/08-80010-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALEE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting does 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-08 561-844.

FILED