
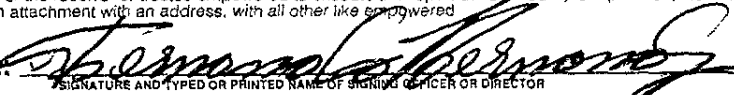


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 08:00 AM**  
**Secretary of State**

|  |                     |   |   |   |                                   |           |          |
|--|---------------------|---|---|---|-----------------------------------|-----------|----------|
| <b>DOCUMENT # S52235</b>   |                     |   |   |                                      |                                   |           |          |
| 1. Entity Name<br><b>FERNY AUTO TECHNICAL SALVAGE, INC.</b>  |                     |   |   |   |                                   |           |          |
| Principal Place of Business<br><b>12760 CAIRO LANE<br/>OPA LOCKA, FL 33054</b>   |                     |   | Mailing Address<br><b>4983 EAST 8TH COURT<br/>HIALEAH, FL 33013</b> |   |                                   |           |          |
| 2. Principal Place of Business   |                     |   | 3. Mailing Address  |   |                                   |           |          |
| Suite, Apt # etc   |                     |   | Suite, Apt. #. etc.   |   |                                   |           |          |
| City & State   |                     |   | City & State  |   |                                   |           |          |
| Zip  |                     | Country   | Zip   |   | Country                           |           |          |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                     |   |   | <b>\$8.75 Additional Fee Required</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |                                   |           |          |
| 6. Name and Address of Current Registered Agent  |                     |   | 7. Name and Address of New Registered Agent                         |   |                                   |           |          |
| <b>HERNANDEZ, FERNANDO</b><br><b>4983 EAST 8TH COURT</b><br><b>HIALEAH, FL 33013</b>   |                     |   | Name  |   |                                   |           |          |
|  |                     |   | Street Address (P.O. Box Number is Not Acceptable)                  |   |                                   |           |          |
|  |                     |   | City  |   |                                   | <b>FL</b> | 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 _____ DATE _____   |                     |   |   |   |                                   |           |          |
| (NOTE: Registered Agent's signature required when reinstating)   |                     |   |   |   |                                   |           |          |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</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                   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME   | HERNANDEZ, FERNANDO |   | NAME  |   |                                   |           |          |
| STREET ADDRESS   | 4983 E. 8TH COURT   |   | STREET ADDRESS  |   |                                   |           |          |
| CITY- ST- ZIP  | HIALEAH, FL 33013   |   | CITY- ST- ZIP   |   |                                   |           |          |
| TITLE  | VP                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME   | HERNANDEZ, NERY     |   | NAME  |   |                                   |           |          |
| STREET ADDRESS   | 4983 E. 8TH COURT   |   | STREET ADDRESS  |   |                                   |           |          |
| CITY- ST- ZIP  | HIALEAH, FL 33013   |   | CITY- ST- ZIP   |   |                                   |           |          |
| TITLE  |                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME   |                     |   | NAME  |   |                                   |           |          |
| STREET ADDRESS   |                     |   | STREET ADDRESS  |   |                                   |           |          |
| CITY- ST- ZIP  |                     |   | CITY- ST- ZIP   |   |                                   |           |          |
| TITLE  |                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME   |                     |   | NAME  |   |                                   |           |          |
| STREET ADDRESS   |                     |   | STREET ADDRESS  |   |                                   |           |          |
| CITY- ST- ZIP  |                     |   | CITY- ST- ZIP   |   |                                   |           |          |
| TITLE  |                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME   |                     |   | NAME  |   |                                   |           |          |
| STREET ADDRESS   |                     |   | STREET ADDRESS  |   |                                   |           |          |
| CITY- ST- ZIP  |                     |   | CITY- ST- ZIP   |   |                                   |           |          |
| TITLE  |                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME   |                     |   | NAME  |   |                                   |           |          |
| STREET ADDRESS   |                     |   | STREET ADDRESS  |   |                                   |           |          |
| CITY- ST- ZIP  |                     |   | CITY- ST- ZIP   |   |                                   |           |          |
| 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:   |                     |   |   | Date: <b>09/06/2005</b>   |                                   |           |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                     |   |   | Date  |                                   |           |          |



08192005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0455970** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

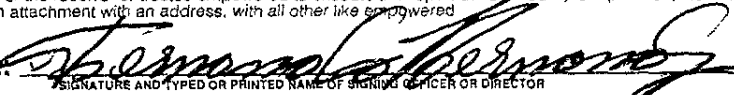
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|-------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      |                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              |                   |                                 | CITY- ST- ZIP   |                                 |                                   |
| TITLE                      | VP                | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HERNANDEZ, NERY   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 4983 E. 8TH COURT |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              | HIALEAH, FL 33013 |                                 | CITY- ST- ZIP   |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              |                   |                                 | CITY- ST- ZIP   |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              |                   |                                 | CITY- ST- ZIP   |                                 |                                   |

1100000378150  
09/09/05-80006-026 158.75

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:  Date: **09/06/2005**

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