

Apr 28, 2004 08:00 AM  
Secretary of State

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000015057	
1. Entity Name ABRAKADABRA AUTO PARTS, INC.	



Principal Place of Business 13175 CAIRO LANE OPA LOCKA, FL 33054	Mailing Address 13175 CAIRO LANE OPA LOCKA, FL 33054
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**DO NOT WRITE IN THIS SPACE**

04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1090141	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  MENDEZ, ROLDAN RUDY 13175 CAIRO LANE OPA LOCKA, FL 33054
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**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOT required After signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO MENDEZ, ROLDAN RUDY 13175 CAIRO LANE OPA LOCKA, FL 33054
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04/28/04-80060-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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: Roldan Rudy Mendez ROLDAN R. MENDEZ 4/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #