


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000080695 1. Entity Name ABRAKADABRA AUTO SALES INC			
Principal Place of Business 8004 NW 154TH STREET SUITE 388 MIAMI LAKES, FL 33016		Mailing Address 8004 NW 154TH STREET SUITE 388 MIAMI LAKES, FL 33016	
2. Principal Place of Business 13175 CAIRO LANE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 13175 CAIRO LANE <small>Suite, Apt. #, etc.</small>	
City & State OPA LOCKA, FL 33054		City & State OPA LOCKA, FL 33054	
Zip 33054	Country U.S.A.	Zip 33054	Country U.S.A.
4. FTI Number 20-0109650		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 MELENZ, ROLDAN R 8004 NW 154TH STREET MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name MELENZ, ROLDAN R Street Address (P.O. Box Number (Not Applicable)) 13175 CAIRO LANE OPA LOCKA, FL 33054 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: <i>Roldan R. Menendez</i>		ROLDAN R. MENDEZ	
Date: 4/26/04		DATE	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELENZ, ROLDAN R <input checked="" type="checkbox"/> Delete 8004 NW 154TH STREET MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELENZ, ROLDAN R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13175 CAIRO LANE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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 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: <i>Roldan R. Menendez</i>		ROLDAN R. MENDEZ	
Date: 4./26/04		DATE	

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