

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90138 017 ***150.00

DOCUMENT # *P000000 90041*
1. Entity Name
REDO ENTERPRISE AUTO SALES INC.



DO NOT WRITE IN THIS SPACE

14021234

2. Principal Place of Business
1434 NE 130 ST.
Suite, Apt. #, etc.

3. Mailing Address
1506 NE 110 ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *N. MIAMI, FLA* City & State *MIAMI, FLA* 4. FEI Number
65-1039920 Applied For
Not Applicable

Zip *33161* Country *DADE* Zip *33161* Country *DADE* 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *IKHLAS ABDI*
Street Address (P.O. Box Number is Not Acceptable)
1506 NE 110 ST.
City *MIAMI,* FL Zip Code *33161*

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]* *IKHLAS ABDI PRES.* DATE *4-29-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY NAWAL MANSOUR 1506 NE 110 ST. MIAMI, FLA 33161</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT / D. IKHLAS ABDI 1506 NE 110 ST. MIAMI, FLA 33161</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *IKHLAS ABDI* DATE *4-29-04* Daytime Phone # *305 892 0833*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)