


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4 **FILED**
Jun 13, 2005 8:00 am
Secretary of State

05-04-2005 90134 002 ***158.75

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| DOCUMENT # P0000090041 1. Entity Name REPO ENTERPRISE AUTO SALES, INC. |  |
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| Principal Place of Business 1454 130 NE 130 ST. MIAMI, FL 33161 | Mailing Address 1506 NE 110 STREET MIAMI, FL 33161 |
|---|--|

66022709



04142005 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 65-1039920 | 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

IKHLAS ABDI
 1506 NE 110 ST
 MIAMI, FL 33161

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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: 6-6-05

Signature, typed or stamped name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | 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 | <i>PDS</i> <i>IKHLAS ABDI</i> 1506 NE 110 STREET MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>S</i> <i>MANSOUR, SAAD</i> 1508 NE 110 STREET MIAMI, FL 33161 |
| 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 | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(j), 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: 4-27-05 35899-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declarer Print Name