

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 045 ***150.00

DOCUMENT # P00000090041

1. Entity Name
REPO ENTERPRISE AUTO SALES, INC.



Principal Place of Business
1404 NW NE 120 ST.
MIAMI, FL 33161

Mailing Address
1506 NE 110 STREET
MIAMI, FL 33161

40080830



0414002 No Chg? CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. Fil. Number		Applied For	
Suite, Apt. #, etc.		State, Apt. #, etc.		8. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		9. Additional Fee Required		\$8.75	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

ABDI, IKHLAS I
 1506 NE 110TH STREET
 MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name: **ABDI, IKHLAS I.**
 Direct Address (P.O. Box Number if Not Applicable):
1506 NE 110 ST
 City: **MIAMI, FL 33161**
 State: **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: _____ DATE: _____

FILE NOW!!! FEE IS \$180.00
After May 1, 2006 Fee will be \$880.00

Election Campaign Financing
 Trust Fund Contributor. **\$5.00** May be
 Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABDI, IKHLAS I		NAME		
STREET ADDRESS	1506 NE 110TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	Saad Mansour S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	1508 NE 10 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FLA 33161		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 exemptions contained in Chapter 119, 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 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: _____ **IKHLAS I ABDI** 4-24-06 305 8936632
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paying Price?