

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90133 015 ***150.00

DOCUMENT # P99000003908

1. Entity Name
ABRAHAM CORPORATION



Principal Place of Business 3325 S KIRKMAN RD 411 ORLANDO, FL 32811	Mailing Address 3325 S KIRKMAN RD 411 ORLANDO, FL 32811
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2. Principal Place of Business 2528 Robert Trent Jones Dr Suite, Apt. #, etc. # 1616	3. Mailing Address 2528 Robert Trent Jones Dr. Suite, Apt. #, etc. # 1616
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04302004 Chg-P CR2E034 (10/03)

City & State Orlando FL	City & State Orlando FL	4. FEI Number 59-3558601	Applied For <input type="checkbox"/> Not Applied
Zip 32835	Country U.S.A.	Zip 32835	Country U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, WILMAN J
3325 S KIRKMAN RD
411
ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME SANCHEZ, WILMAN J	
STREET ADDRESS 3325 S KIRKMAN RD	
CITY-ST-ZIP ORLANDO, FL 32811	
TITLE S	<input type="checkbox"/> Delete
NAME LEON DIAZ, ANA L	
STREET ADDRESS 3325 S KIRKMAN RD	
CITY-ST-ZIP ORLANDO, FL 32811	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/29/04