

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000003908

1. Entity Name
ABRAHAM CORPORATION



FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90051 040 ***150.00

Principal Place of Business
2528 ROBERT TRENT JONES DR.
#616
ORLANDO, FL 32835

Mailing Address
2528 ROBERT TRENT JONES DR.
#616
ORLANDO, FL 32835

2. Principal Place of Business
2528 Robert Trent Jones Dr.
Suite, Apt. #, etc.
1616
City & State
ORLANDO FLORIDA
Zip
32835
Country
U.S.A.

3. Mailing Address
2528 Robert Trent Jones Dr.
Suite, Apt. #, etc.
1616
City & State
ORLANDO FL
Zip
32835
Country
U.S.A.

01062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3558601
Applied For
Not Applicable

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, 2005 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 checked="" type="checkbox"/> Delete
NAME	SANCHEZ, WILMAN J	
STREET ADDRESS	3325 S KIRKMAN RD	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	S	<input checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, WILMAN J	
STREET ADDRESS	2528 ROBERT TRENT JONES DR. SUITE 1616	
CITY-ST-ZIP	OR, FL 32835	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON DIAZ, ANA L	
STREET ADDRESS	2528 ROBERT TRENT JONES DR. SUITE 1616	
CITY-ST-ZIP	OR, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMAN SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-05 (407) 5322446