

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.		3. Mailing Address 2528 Robert Trent Jones Dr.	
Suite, Apt. #, etc. 1616		Suite, Apt. #, etc. 1616	
City & State ORLANDO Florida		City & State Orlando FL	
Zip 32835	Country U.S.A.	Zip 32835	Country U.S.A.
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANchez, WILMAN J 3325 S KIRKMAN RD ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  P SANchez, WILMAN J 2528. Robert Trent Jones Dr. Suite 1616 Orl, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEON DIAZ, ANA L 3325 S KIRKMAN RD ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  V LEON DIAZ, ANA L 2528. Robert Trent Jones Dr. Suite 1616 Orl, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: *Maurice WILMAN SANchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05 (407) 5322446

Date

Daytime Phone #