2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jan 19, 2007 8:00 am Secretary of State

DOCUMENT # G38100 1. Entity Name ANDO BUILDING CORPORATION					01-19-2007 90028 0			50.00
Principal Place of Business Mailing Address						_		
967 SEBASTIAN BLVD STE E 967 SEBASTIAN BLVD SEBASTIAN, FL 32958 SEBASTIAN, FL 32958						50000876		
							21819	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, et					01092007	Chg-P	CR2E034 (12/06)	
City & State	9	City & State		4. FEI Number		<u> </u>	plied For	
Zip	Country	Zip	Zip Country		59-230	of Status Desired	\$8.75 Add	t Applicable
	Name and Address of Current Registered Agent		<u> </u>				Fee Require	
	6. Name and Address of Current	Kedisteled Affect		Name		Address of New R		
DORAWA, ANDRE				Street Address (P.O. Box Number is Not Acceptable)				
274 HARP TERRACE SEBASTIAN, FL 32958				0.700.7100.		FAITH	" TI=72_	
							 -	
				City SEBASTIAN FL Zip Stage 958				
8. The above the obligat	named entity sub hits this statement for ions of registers agent.	or the purpose of changing its	s register	ed office or re	gistered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registred agen	Md title if applicable. (NO	TE: Registere	d Agen) signature re	equired when reinstating)		DATE	7
	E NOW!!! FEE IS-\$150,000 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing	\$5.00 May Be Added to Fees			, ,
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITU	E 7	0 . 2014/1	1.100=		Addition
NAME STREET ADDRESS	DORAWA, ANDRE 274 HARP TERR		NAM STRE	ET ADDRESS	ORAWA 358 FRITH	ANULE TER-		
CITY-ST-ZIP	SEBASTIAN, FL 32958				EGASTIAN	1 FL 3	2958	
TITLE	÷.	☐ Delete	TITLE	E			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	ET ADDRESS				
CITY-ST-ZIP	i.			-ST-ZIP				
TITLE	-		TITL				☐ Change	☐ Addition
NAME STREET ADORESS		4.081	NAM STRE	EET ADDRESS				
CITY-ST-ZIP	· ·			-ST-ZIP				
TITLE		☐ Delete	TITL	E		<u>, _</u>	☐ Change	☐ Addition
NAME Street address	•		MAM STR	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TIFLE	☐ Delete		TITL	E			☐ Change	☐ Addition
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
TITLE	☐ Delete TITI		E			☐ Change	Addition	
NAME			NAM	I .				
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS				
	Legitive that the information supplied with	h this filing does not qualify			tained in Chanter 11	9. Florida Statutes	I further certify that the i	nformation
indicated	certify that the information supplied will on this report or supplemental report reporation or the receiver or truster, em	is true and accurate and that	my signa	ture shall have	e the same legal effe	ot as if made under	oath; that I am an office	or director