

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M43090

FILED
May 22, 2009
Secretary of State

Entity Name: ANDREWS & COPANS GAS & OIL, INC.

Current Principal Place of Business:

19333 COLLINS AVE
810
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

19333 COLLINS AVE
1501
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

19333 COLLINS AVE
810
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

19333 COLLINS AVE
1501
SUNNY ISLES BEACH, FL 33160

FEI Number: 59-2746969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALICHMAN, NATHAN
19333 COLLINS AVE, 810
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

KALICHMAN, UTA
19333 COLLINS AVE, 810
1501
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: UTA KALICHMAN

05/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KALICHMAN, DAVID
Address: 19333 COLLINS AVE #1501
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: PSD (X) Delete
Name: KALICHMAN, NATHAN
Address: 19333 COLLINS AVE, #810
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DV (X) Delete
Name: JAGUDAEV, ZALMAN
Address: 1231 W. COPANS RD.
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KALICHMAN, UTA
Address: 19333 COLLINS AVE #1501
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: UTA KALICHMAN

D

05/22/2009

Electronic Signature of Signing Officer or Director

Date