2003 FOR PROFIT CORPORATION

Mailing Address

UNIFORM BUSINESS REPORT (UBR)

M43404 **DOCUMENT #**

1. Entity Name ANDROS GROUP INCORPORATED

Principal Place of Business

1330 CORAL WAY



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90159 009 ***150.00

STE 103 MIAMI FL 33145 US 2. Principal Plac	e of Business	STE 103 MIAMI FL 33145 US 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2797356	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SARPOOLAKI, ZOY T 503 RIVERSIDE DR MELBOURNE BEACH FL.32951			Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL.	Zip Code	
FILE After M	nature, typed or printed remo of registered agent as NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of		E: Registered Agent signature	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.			11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS 13) NIACOS, DEMETRIO 130 CORAL WAY #103 IAMI FL	⊠ Delete	STREET ADDRESS	PD TINIACOS, EPSTRATIA C. DE 1330 CORAL WAY # 103 MIAMI, FL 33145	☐ Change	
STREET ADDRESS 13	NIACOS, EFSTRATIA C DE 130 CORAL WAY #103 IAMI FL	⊠ Delete	STREET ADDRESS	V TINIACOS, DEMETRIO 1330 CORAL WAY #103 HIAMI, FL 33145	☐ Change 🗖 Addition 🖔	
STREET ADDRESS 60	NIACOS, MARIA 15 SHANNON AVE ELBOURNE BEACH FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
STREET ADDRESS 50	Arpoolaki, zoy t 3 riverside dr Elbourne beach FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE	-	Change Addition	

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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

(321) 723-8645

☐ Change

☐ Addition