


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

01-27-2005 90046 019 \*\*\*150.00

**DOCUMENT # P03000044546**

1. Entity Name  
**ANDICOL REAL ESTATE CORP.**



Principal Place of Business      Mailing Address  
**3000 ISLAND BLVD. (#S324)**      **3000 ISLAND BLVD. (#S324)**  
**AVENTURA, FL 33160**      **AVENTURA, FL 33160**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **2600 ISLAND BLVD**  
    Suite, Apt. #, etc.      **STE. 2205**

City & State      City & State  
**AVENTURA FL**

Zip      Country      Zip      Country  
**33160**      **USA**

**40007432**



01242005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**90-0061699**      Not Applicable

5. Certificate of Status Desired.       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SAVDIE, RAYMOND**  
**2600 ISLAND BLVD (#2205)**  
**AVENTURA, FL 33160**

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	PTD	<input type="checkbox"/> Delete
NAME	SAVDIE, RAYMOND	
STREET ADDRESS	2600 ISLAND BLVD (#2205)	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SAVDIE, GISELA	
STREET ADDRESS	2600 ISLAND BLVD (#2205)	
CITY-ST-ZIP	AVENTURA, FL 33160	
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		<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		
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:** RAYMOND SAVDIE      1/24/2005      305-904-2044  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #