


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90066 027 \*\*\*150.00

**DOCUMENT # P03000051761**

1. Entity Name  
**ANDRI CHEMICAL OF AMERICA, INC.**




Principal Place of Business      Mailing Address  
**440 SANSOVINO AVENUE**      **440 SANSOVINO AVENUE**  
**CORAL GABLES, FL 33144**      **CORAL GABLES, FL 33144**

2. Principal Place of Business      3. Mailing Address  
**2221 SW 59TH AVE**      **2221 SW 59TH AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**HOLLYWOOD, FL**      **HOLLYWOOD, FL**  
 Zip      Country      Zip      Country  
**33023**           **33023**           **33023**

40001113



04072005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**02-0691891**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LOOMAR, L. GREGORY**  
**1152 NORTH UNIVERSITY DRIVE**  
**PEMBROKE PINES, FL 33024**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PEREZ-MENA, ONDINA D</b>	
STREET ADDRESS	<b>440 SANSOVINO AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33144</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PEREZ-MENA, LUIS</b>	
STREET ADDRESS	<b>440 SANSOVINO AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33144</b>	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ-MENA, ONDINA D</b>	
STREET ADDRESS	<b>5424 SW 186TH WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL 33029</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ-MENA LUIS</b>	
STREET ADDRESS	<b>5424 SW 186TH WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL 33029</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGARITA PEREZ-MENA</b>	
STREET ADDRESS	<b>5424 SW 186TH WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL 33029</b>	
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:** *Ondina Perez-Mena*      **4-7-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #