

FILED
Apr 30, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000051761
 1. Entity Name
ANDRI CHEMICAL OF AMERICA, INC.



Principal Place of Business
 2221 SW 59TH AVE
 HOLLYWOOD, FL 33023

Mailing Address
 2221 SW 59TH AVE
 HOLLYWOOD, FL 33023



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0691891

Applied For
 Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ONDINA PEREZ-MENA
5424 SW 186TH WAY
MIRAMAR, FL 33029

**DO NOT WRITE
 IN THIS SPACE**

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 is typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW! FEE IS \$100.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREZ-MENA, ONDINA D 5424 SW 186TH WAY MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREZ-MENA, LUIS 5424 SW 186TH WAY MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREZ-MENA, MARGARITA 5424 SW 186TH WAY MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 05/15/07-80072-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **4/26/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR