

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043909

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** ANDREWS COMMERCIAL CENTER, INC.

**Current Principal Place of Business:**

2700 ALHAMBRA CIR.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2700 ALHAMBRA CIR.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0835501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, BRADFORD A  
901 PONCE DE LEON BLVD  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: HOOVER, JOHN W JR  
Address: 2423 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: P  
Name: HARRIS, DAVID W  
Address: 2743 NW 19TH ST  
City-St-Zip: POMPANO BEACH, FL 33069

Title: S  
Name: HOOVER, ELIZABETH  
Address: 2700 ALHAMBRA CR  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH HOOVER

S

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date