


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00
Secretary of Stat

DOCUMENT # P99000043201 1. Entity Name ANDILU INVESTMENT CORPORATION	
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Principal Place of Business 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	Mailing Address 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131
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04152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0918878	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CASTILLO, ALVARO B P.A.
 1390 BRICKELL AVENUE
 SUITE 200
 MIAMI, FL 33131**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$350.00**

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	PTS DE HOFFMANN, HUGO ANSELMO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131
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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: Hugo A. De Hoffmann **HUGO A. DE HOFFMANN PRESIDENT** 4/16/07 286 264 1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #