

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

Sep 05  
Sec

**DOCUMENT # P99000067889**  
1. Entity Name  
**ANDES TOURS CORP.**



Principal Place of Business  
14200 W. DIXIE HWY  
MIAMI, FL 33161-2533

Mailing Address  
3056 NW 5TH STREET  
MIAMI, FL 33125



08312006 : No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0945964</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

ALBRECHT, RONALD  
1486 SAN PIPER CIRCLE W.  
MIAMI, FL 33327

**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.

000000576167  
09/05/06-80011-020 150.00

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (110-1) applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRECHT, RONALD 1486 SAN PIPER CIRCLE W. MIAMI, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABLRECHT, LILIANA 1486 SAND PIPER CIR WESTON, FL 33327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Ronald Albrecht  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2006 954 588 0709  
Date Daytime Phone #