


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 08:00 AM
Secretary of State

DOCUMENT # V73185 1. Entity Name ANDEAN TOWER, INC.	
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Principal Place of Business 7220 NW 36TH ST PH 627 MIAMI, FL 33166 US	Mailing Address 7220 NW 36TH ST PH 627 MIAMI, FL 33166 US
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07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0363885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIND, RICHARD J 2551 TIGERTAIL AVE MIAMI, FL 33133	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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.

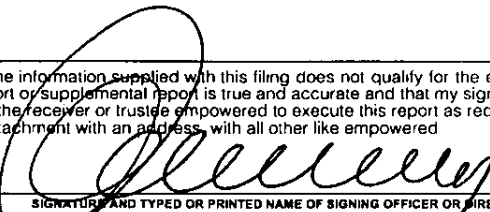
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	ORTIZ, PATRICIO C
STREET ADDRESS	7220 NW 36TH ST, PH 627
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DV
NAME	CHAVEZ, MILTON M
STREET ADDRESS	7220 NW 36TH ST, PH 627
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	ST
NAME	CHAVEZ, MILTON M
STREET ADDRESS	7220 NW 36TH ST, PH 627
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000956496
07/28/08-80006-006 150.00

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:  07/25/08 305 591 5838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #