

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000092600

**Entity Name:** ANDAR INTERNATIONAL, INC.**Current Principal Place of Business:**16155 SW 117TH AVE  
SUITE B-5  
MIAMI, FL 33177**Current Mailing Address:**16155 SW 117TH AVE  
SUITE B-5  
MIAMI, FL 33177 US**FEI Number:** 20-0482290**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CASEY, DARREN P  
12600 SW 92ND CT  
MIAMI, FL 33176 US*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**Officer/Director Detail :**

|                 |                  |
|-----------------|------------------|
| Title           | CEO, DIRECTOR    |
| Name            | CASEY, DARREN P  |
| Address         | 12600 SW 92ND CT |
| City-State-Zip: | MIAMI FL 33176   |

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY, DIRECTOR |
| Name            | CASEY, ANNA B       |
| Address         | 12600 SW 92ND CT    |
| City-State-Zip: | MIAMI FL 33176      |

|                 |                   |
|-----------------|-------------------|
| Title           | AVP, D            |
| Name            | PRICE, DANIELLE C |
| Address         | 16809 SW 89TH AVE |
| City-State-Zip: | MIAMI FL 33157    |

|                 |                              |
|-----------------|------------------------------|
| Title           | PRESIDENT, D                 |
| Name            | CASEY, KIERAN C              |
| Address         | 3900 SHORESIDE DR            |
| City-State-Zip: | N HUTCHINSON ISLAND FL 34949 |

*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:** ANNA B CASEY**SECRETARY****01/29/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date