2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# 445101

Entity Name: ANDREU & ASSOCIATES, INC.

Current Principal Place of Business:

275 S.W. 14TH AVE.
POMPANO BEACH, FL 330693231

New Principal Place of Business:

Current Mailing Address:

275 S.W. 14TH AVE.
POMPANO BEACH, FL 330693231

New Mailing Address:

FEI Number: 59-1521621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREU, JOSE
275 SW 14TH AVENUE
POMPANO BEACH, FL 33069 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ANDREU, JOSE	
Address:	4201 TRANQUILITY DR	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	D	( ) Delete
Name:	ANDREU, MARIA T	
Address:	4201 TRANQUILITY DR	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	SRVP	( ) Delete
Name:	SILVEIRA, ARTURO	
Address:	4221 TRANQUILITY DR	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	VP	( ) Delete
Name:	RODRIGUEZ, JOSE F	
Address:	222 BELLA VISTA WAY	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	VP	( ) Delete
Name:	TROYER, GARY L	
Address:	6200 NE 21 RD.	
City-St-Zip:	FT. LAUDERDALE, FL 33308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTURO SILVEIRA SRVP 02/20/2007

Electronic Signature of Signing Officer or Director — Date