

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
\$158.75 Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 523546 1. Entity Name ANDY CONSTRUCTION CORP.	
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Principal Place of Business 9991 S.W. 32ND ST MIAMI, FL 33165	Mailing Address 9991 S.W. 32ND ST MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1723710	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

INFANTE, ANDRES 9991 S.W. 32 ST MIAMI, FL 33165

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

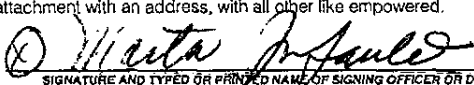
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD INFANTE, ANDRES 9991 S.W. 32 ST MIAMI FL,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS INFANTE, MARTA 9991 S.W. 32 ST MIAMI FL,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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01/26/04-80054-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Vice Pres 1-1604 305-553-4005
Date Daytime Phone #