2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

L	OCUM	IEN	T #	# 5 2	2354	6
4	Entity Namo					

ANDY CONSTRUCTION CORP.



\$158175

Principal Place of Business

9991 S.W. 32ND ST MIAMI, FL 33165 Mailing Address 9991 S.W. 32ND ST MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

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01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1723710

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its re	gistere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered egent and title	if applicable (NOTE: R	egistered	i Ageni elgnature	regulred when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Trust Fund Contrib		cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS					1
TITLE	PD	·		1 or 2 .	i critti i j	the second second	,
NAME	INFANTE, ANDRES						
STREET ADDRESS	9991 S.W. 32 ST				*		
CITY-ST-ZIP	MIAMI FL,			*, *		U00000610473	
TITLE	VPS				a a g	000000610473 02/02/07-80021-025	158.75

INFANTE, MARTA 9991 S.W. 32 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL, TITLE TD IFANTE, ARES 9991 SW 32ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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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 exprowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

22-07 533-400 S