

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000009

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** ANDREEFF PARTNERS INC.

**Current Principal Place of Business:**

140 E. ST. LUCIA LANE  
SANTA ROSA BCH, FL 32459

**New Principal Place of Business:**

140 E. ST. LUCIA LANE  
SANTA ROSA BCH, FL 32459 UN

**Current Mailing Address:**

450 LAUREL STREET  
SUITE 2105  
BATON ROUGE, LA 70801

**New Mailing Address:**

**FEI Number:** 80-0322535      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: PCST  
Name: ANDREEFF, DANE C  
Address: 140 E. ST. LUCIA LANE  
City-St-Zip: SANTA ROSA BCH, FL 32459

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: COLLEEN LANGLOIS

ASST

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date