## **FILED 2006 FOR PROFIT CORPORATION** ANNUAL REPORT Feb 27, 2006 08:00 AN DOCUMENT #F71892 **Secretary of State** 1. Entity Name ANDORRA PROPERTY INVESTORS, INC. Mailing Address Principal Place of Business %CYPROPERTIES,INC. %CYPROPERTIES,INC. 404WASHINGTONAVE, ATTN: CHINAGRILL 404WASHINGTONAVE., ATTN: CHINAGRILL MIAMIBEACH,FL33139 MIAMIBEACH,FL33139 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2170232 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CY PROPERTIES, INC DO NOT WRITE 404 WASHINGTON AVE. ATTN: CHINA GRILL IN THIS SPACE MIAMI BEACH, FL 33139 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees

OFFICERS AND DIRECTORS 10.

П Trust Fund Contribution.

CHODOROW, JEFFREY R NAME 19925 NE 39 PLACE, PH 701 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 VD H000001450424 YOGEL, LARRY D NAME 3/10/06-80006-003 150.00 STREET ADDRESS 748 CANTERBURY LN CITY-ST-7(P VILLANDVA, PA 19085

TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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.

F400000

SIGNATURE:

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06

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Applied For

\$8.75 Additional

Fee Required

Not Applicable