

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G32388

Entity Name: ANDRES MAMONTOFF, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6160 FITZGERALD ROAD  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

6160 FITZGERALD RD  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 59-2542048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAMONTOFF, ANDRES  
6160 FITZGERALD ROAD  
ODESSA, FL 33556 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: PD  
Name: MAMONTOFF, ANDRES  
Address: 6160 FITZGERALD RD  
City-St-Zip: ODESSA, FL

Title: V  
Name: MAMONTOFF, NADINE  
Address: 6160 FITZGERALD RD  
City-St-Zip: ODESSA, FL

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: NADINE MAMONTOFF

V

04/28/2011

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

\_\_\_\_\_  
Date