


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # J02904	
1. Entity Name ANDREWS LABORATORIES AND PHARMACEUTICALS, INC.	

Principal Place of Business % W. DAVID ANDREWS 1637 N.E. 36TH ST. POMPAÑO BEACH, FL 33064	Mailing Address % W. DAVID ANDREWS 1637 N.E. 36TH ST. POMPAÑO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2668142	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, W. DAVID
1637 N.E. 36TH ST.
POMPAÑO BEACH, FL 33064

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000068392 03/01/04-80011-015 158 75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, W. DAVID 1637 N.E. 36TH ST. POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, DONNA M. 1637 N.E. 36TH ST. POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, DAVID LEO 1637 NE 36 ST POMPAÑO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(i), 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: W. David Andrews 02/02/04 942-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #