2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L05000046327

Entity Name: ANDES INVESTMENTS LLC

Current Principal Place of Business:

3537 NW 61 CIRCLE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

3537 NW 61 CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-2825954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALONSO & GARCIA, P.A.
5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

HUMBERTO, RUIZ
5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 US

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: HUMBERTO RUIZ 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEREZ FAMILY INVESTM, ENTS, INC
Address: 3537 NW 61 CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete
Name: PEREZ, OSCAR A
Address: 3537 NW 61 CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: PEREZ, HUGO D
Address: 3537 NW 61 CIRCLE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEJANDRO PEREZ MRGM 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date