2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L07000006190

Entity Name: ANDESMAX, LLC

Current Principal Place of Business:

5680 SW 149TH AVE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

5680 SW 149TH AVE
MIAMI, FL 33193

New Mailing Address:

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

Name and Address of Current Registered Agent:

CHACON, ROMULO E
5390 W 21ST CT
APT 311
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

CHACON, ROMULO E
5680 SW 149TH AVENUE
MIAMI, FL 330193 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: ROMULO E CHACON 04/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHACON, RAQUEL T
Address: 5680 SW 149TH AVE
City-St-Zip: MIAMI, FL 33193 US

Title: MGR ( ) Delete
Name: PARRA, OSCAR A
Address: 5680 SW 149TH AVE
City-St-Zip: MIAMI, FL 33193

Title: MGR ( ) Delete
Name: GRIMES, HOWARD G
Address: 5680 SW 149TH AVE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: CHACON, ROMULO E
Address: 5680 SW 149TH AVE
City-St-Zip: MIAMI, FL 33193

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

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: ROMULO E CHACON MGR 04/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date