2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 08:00 AM DOCUMENT # L22339 **Secretary of State** 1. Entity Name P.D.P. ANDIAMO LTD., INC. Mailing Address Principal Place of Business 2893 SW 6TH STREET DELRAY BEACH FL 33445 2893 SW 6TH STREET DELRAY BEACH FL 33445 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0154478 Not Applicable Country Country Zxp \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERALD, CARMEN F Street Address (P.O. Box Number is Not Acceptable) 2893 SW 6TH STREET **DELRAY BEACH FL 33445** City Zio Code 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TREE Delete U00000033599 HERALD, CARMAN F MAME PLANT 02/05/04-80050-004 150.00 2893 SW 6TH STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 TIBLE ☐ Charage Addition TITS F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CETY - ST - ZEP CITY-ST-ZIP TITLE Change Addition Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete BRE Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition: ☐ Delete Change **3131** F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY - ST- ZIP CITY-ST-ZIP ☐ Delete TELE □ Change Addition TOTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C85Y+S1-789

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 outh, 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:

Carner F. Heard

Hafor (Sb1)274-6689

FILED