

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L57257

FILED
Jan 14, 2004
Secretary of State

Entity Name: ANDREI INTERNATIONAL, INC.

Current Principal Place of Business:

2 OFFICE PARK DRIVE
STE A-3
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

2 OFFICE PARK DRIVE
STE A-3
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3050116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDELE, MARTHA
2 OFFICE PARK DRIVE
SUITE 2A2
PALM COAST, FL 32137 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: QUELLO, RICHARD B
Address: 25 COCHISE COURT
City-St-Zip: PALM COAST, FL

Title: DVPT () Delete
Name: FEDELE, MARTHA
Address: 24 AVALON DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: DVP () Delete
Name: FEDELE, SALVATORE
Address: 24 AVALON DRIVE
City-St-Zip: PALM COAST, FL

Title: VPS () Delete
Name: QUELLO, KIM
Address: 25 COCHISE COURT
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Delete
Name: MONIQUE, JOSA
Address: 66 BRIDGE HAVEN
City-St-Zip: PALM COAST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPT (X) Change () Addition
Name: FEDELE, MARTHA
Address: 139 WESTGRILL DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: DVP (X) Change () Addition
Name: FEDELE, SALVATORE
Address: P.O. BOX 354951
City-St-Zip: PALM COAST, FL 32135

Title: VPS (X) Change () Addition
Name: JOSA, MONIQUE
Address: 26 PINE GROVE DRIVE
City-St-Zip: PALM COAST, FL 32164

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MONIQUE JOSA

VPS

01/14/2004

Electronic Signature of Signing Officer or Director

Date