

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90032 021 ***150.00

DOCUMENT # M29082

Entity Name
ANDES CHEMICAL, CORP.



Principal Place of Business Mailing Address
10850 NW 30TH ST 11125 NW 29th 10850 NW 30TH ST 11125 N.W. 29 STREET
MIAMI, FL 33172 US MIAMI, FL 33172 US
ok



Principal Place of Business - No P.O. Box #		3. Mailing Address		04032008	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		59-2660021	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDO ESPINOSA		Name	
4920 S.W. 78TH ST		Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, FL 33143		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! - FEE IS \$150.00 - After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	PST ESPINOSA, FERNANDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4920 SW 78TH ST	NAME	
CITY-STATE-ZIP	MIAMI, FL	STREET ADDRESS	
		CITY-STATE-ZIP	
NAME	D ESPINOSA, FERNANDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4920 SW 78TH ST	NAME	
CITY-STATE-ZIP	MIAMI, FL	STREET ADDRESS	
		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-03-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #