


FILED
Jan 20, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M84692 1. Entity Name ANDROS DISTRIBUTORS, INC.	
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Principal Place of Business C/O GABLES INTERNATIONAL PLAZA 2655 LE JEUNE RD., SUITE 606 CORAL GABLES, FL 33134	Mailing Address C/O GABLES INTERNATIONAL PLAZA 2655 LE JEUNE RD., SUITE 606 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3469976	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLUARD, PHILIPPE 2655 LE JEUNE RD. SUITE 606 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALLUARD, PHILIPPE C/O 2655 LE JEUNE RD 606 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAW, ERIC 280 PARK AVE. NEW YORK, NY.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS COLLOT, THIERY 2655 LEJEMNE ROAD STE 606 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLUARD, CATHERINE 808 JERONIMO DRIVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000006903
01/20/04-80001-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and I am 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 04 (305) 4427231
Date Daytime Phone #