

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005956

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: ANDY'S CUP, INC

## Current Principal Place of Business:

128 NE 54TH ST  
MIAMI, FL 33137

## New Principal Place of Business:

## Current Mailing Address:

128 NE 54TH ST  
MIAMI, FL 33137

## New Mailing Address:

FEI Number: 26-1745082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CADET, JULES A  
6105 SW 120TH ST  
MIAMI, FL 33156 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CADET, JULES A  
Address: 6105 SW 120TH ST  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: PIERRE, LAURINUS  
Address: 8260 NE 2 AVE  
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Change (X) Addition  
Name: CANTAVE, JEAN-CLAUDE  
Address: 128 NE 54TH ST  
City-St-Zip: MIAMI, FL 33137

Title: S ( ) Change (X) Addition  
Name: CADET, JULIE  
Address: 128 NE 54TH ST  
City-St-Zip: MIAMI, FL 33137

Title: M ( ) Change (X) Addition  
Name: MARTIN, RALPH  
Address: 128 NE 54TH ST  
City-St-Zip: MIAMI, FL 33137

Title: M ( ) Change (X) Addition  
Name: VICTOR, JACQUES  
Address: 128 NE 54TH ST  
City-St-Zip: MIAMI, FL 33137

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LAURINUS PIERRE

VP

01/14/2008

Electronic Signature of Signing Officer or Director

Date