

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003735

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** ANDEAN RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

54 NE FOURTH AVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

909 SE 5TH AVENUE  
SUITE 200  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

54 NE FOURTH AVE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

909 SE 5TH AVENUE  
SUITE 200  
DELRAY BEACH, FL 33483

**FEI Number:** 26-2545518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY L  
54 NE FOURTH AVE  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

COHEN, JEFFREY L  
909 SE 5TH AVENUE  
SUITE 200  
DELRAY BEACH, FL 33483 US

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:

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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: CH ( ) Change (X) Addition  
Name: HERRERA, JOSE L  
Address: 1456 WINTERBERRY  
City-St-Zip: HERNDON, VA 20170

Title: PRES ( ) Change (X) Addition  
Name: ZIRCHER, MARIA  
Address: 1690 RENAISSANCE COMMONS  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T ( ) Change (X) Addition  
Name: COHEN, JEFFREY L  
Address: 54 NE 4TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DIR ( ) Change (X) Addition  
Name: HOSTALEK, LINDA  
Address: 2010 HICKORY RIDGE ROAD  
City-St-Zip: POMONA, IL 62975

Title: DIR ( ) Change (X) Addition  
Name: CARMODY, SUSAN  
Address: 1636 BENTANA WAY  
City-St-Zip: RESTON, VA 20190

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: JEFFREY L. COHEN

TRSR

04/06/2009

Electronic Signature of Signing Officer or Director

Date