2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000036216

1. Entity Name ANDREW INVESTMENT HOLDINGS, INC.



Principal Place of Business

1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. SUITE 1500 RIS Mailing Address

1500 MIAMI CENTER

201 SOUTH BISCAYNE BLVD. SUITE 1500 RJS

FILED Feb 19, 2004 08:00 AM Secretary of State

MIAMI, FL 33131 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE							
				01122004 4. FEI Numbe 65-109 5. Certificate			Applied For Not Applicable 75 Additional Required
1600 MIAN	6. Name and Address of Current Regis ATION COMPANY, OF MIAMI II CENTER H BISCAYNE BLVD, SUITE 1500 F 33131	DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this statement for the pons of registered agent. Signature typed or printed name of registered agent and title E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		- Agent signature required	· ·		DATE	ar with, and accept
10. Intle Name Street address City-S1-ZP	OFFICERS AND DIRECT DPST ERVITI, ALBERTO 1500 MIAMI CTR., 201 S, BISCAYNE MIAMI, FL 33131			02/20/04	<u>80025</u> -co	S 150.00	
HTLE NAME STREET ADDRESS CITY-S1-ZIP TITLE			an in the second	nound teachers.		engranda, en e	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		<u></u>		transfer in 1945	NOT W		
STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP	perufy that the information supplied with this f	iling does not qualify for the exe	mption stated in Se	ection 119,07(3)(i). Florida Statutes. I	further certify th	nat the information

indicated on this report or supplier many many opes not quality for me exemption stated in Section 119.0/(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplier mital report is true and adjusted and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trusted 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