



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P00000036216	
1. Entity Name ANDREW INVESTMENT HOLDINGS, INC.	

Principal Place of Business 1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD, SUITE 1500 RJS MIAMI, FL 33131 US	Mailing Address 1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD, SUITE 1500 RJS MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE

	
01082008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-1093019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY, OF MIAMI
1600 MIAMI CENTER
201 SOUTH BISCAYNE BLVD, SUITE 1500 RJS
MIAMI, FL 33131

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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 _____

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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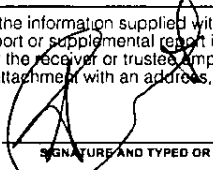
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ERVITI, ALBERTO 1500 MIAMI CTR., 201 S. BISCAYNE BLVD. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/02/08-80037-015 150.00

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12. 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:  Alberto Erviti, President 3/11/08 (305) 379-9146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #