2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



FILED May 01, 2003 8:00 am Secretary of State

1. Entity Name ANDROS HO	ENT# PUUUU OLDINGS, INC.	10043173			05-01-2003 90314		
Principal Place of Business 601 BRICKELL KEY DR., STE, 501 MIAMI FL 33131-2651		Mailing Address 601 BRICKELL KEY DR., STE. 501 MIAMI FL 33131-2651					
2. Principal Place	of Business	3. Mailing Address					
601 Brickell Key Drive		601 Brickell Key Drive					
Suite, Apt. #, etc Suite 201	C.	Suite, Apt. #, etc. Suite 201			CHECK HERE IF MAKING CHANGES		
City & State Miami, Florida		City & State Miami, Florida			4. FEI Number 65-1005947	⊢	pplied For ot Applicable
Zip 33131	Country USA	Zip 33131	Coun USA	try	5. Certificate of Status Desired	\$8.75 Ac Fee Requir	
6	. Name and Address of Current F	Registered Agent			7. Name and Address of New Register	red Agent	
MIAMI FL 331	L KEY DR., STE. 501 131-2651	the purpose of changing	its registere	Suite City Miami		FL Zip Cod 3313 am familiar with	
SIGNATURE Signal	ture, typed or printed name of registered agent ar			J.Gutie Agent signature require		NTE .	
After May	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS		IS IN 11
STREET ADDRESS 60) Jellenbach, Hans Ullrich 11 Brickell Key Dr., Ste. 50 Ami Fl 33131-2651			ET ADDRESS 601	lenbach, Hans Ullrich Brickell Key Drive, Suite 201 ni, Florida 33131	∑ Change	☐ Addition
STREET ADDRESS 60	JTIERREZ, RENALDY J 1 BRICKELL KEY DR., STE. 50 AMI FL 33131-2651	☐ Delete		Guti	errez, Renaldy J. Brickell Key Drive, Suite 201 i., Florida 33131	Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME		- FIOLIGE 33131	☐ Change	Addition

CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Guticenez changed, or on an atta ith all other lik

SIGNATURE:

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