2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Near

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P00000058401 1. Entity Name 04-26-2004 90574 047 ***150.00 ANDREA'S INVESTMENTS, INC. Principal Place of Business Mailing Address 2142 VIRGINIA LEE CIRCLE BROOKSVILLE FL 34602 2142 VIRGINIA LEE CIRCLE **BROOKSVILLE FL 34602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3649496 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CIUBA, ANDREA L Street Address (P.O. Box Number is Not Acceptable) 2142 VIRGINIA LEE CIRCLE **BROOKSVILLE FL 34602** 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition Delete TITLE TITLE CIUDA ACORG 2142 Virginia Lec Circle CIUBA, ANDREA L NAME NAME 2142 VIRGINIA LEE CIRCLE STREET ADDRESS STREET ADDRESS Brooksuille FL 34602 BROOKSVILLE FL 34602 CITY-ST-ZIP CITY-ST-7IF UPID ☐ Change Addition TITLE JUBA Retee TITLE ☐ Delete NAME NAME 2142 VIGINIA Lee Circle STREET ADDRESS STREET ADDRESS Brooksuille fc CITY-ST-ZIP CITY-ST-ZIP 34(00) TITLE ☐ Delete TITLE 510 Change Addition NAME ce Crole STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete Nicholas Cluba NAME NAME FIRS Kildivie Lee CLACLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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

FILED