

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT# P00000101536 1. Entity Name ANDREACERRUTI INC.	
--	---

Principal Place of Business 14807BALGOWANRD 201 MIAMI, FL 33145	Mailing Address 14807BALGOWANRD 201 MIAMI, FL 33145
---	---



04112004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1051413	Applied For ☐ Not Applicable
------------------------------------	---

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent CERRUTI, ANDREA 14807BALGOWANRD 201 MIAMI, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when re-instating) DATE _____
--

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CERRATI, MARIA A 14807BALSOWANRD HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000155769
05/05/04-80051-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  ANDREA CERRUTI	1-8-04 305903746~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone