2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P00000112455

Entity Name: ANDESAT S.A.E.M.A. CORP.

Current Principal Place of Business:

815 N.W. 57 AVE.
SUITE 342
MIAMI, FL 33126

New Principal Place of Business:

815 NW 57 AVE
SUITE 342
MIAMI, FL 33126

Current Mailing Address:

815 N.W. 57 AVE.
SUITE 342
MIAMI, FL 33126

New Mailing Address:

815 NW 57 AVE
SUITE 342
MIAMI, FL 33126

FEI Number: 65-1068060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALONSO, DOMINGO
300 SEVILLA AVENUE
201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALONSO & GARCIA, P.A.
300 SEVILLA AVENUE
201
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JULIO E. GARCIA 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: URIBE, LUIS HERNANDO E
Address: 815 N.W. 57 AVENUE, SUITE 342
City-St-Zip: MIAMI, FL 33126

Title: VSD ( ) Delete
Name: VINUEZA-OCHOA, MARIA DEL C
Address: 815 N.W. 57 AVENUE, SUITE 342
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: ESCOBAR, LUIS E
Address: 815 NW 57 AVE, SUITE 342
City-St-Zip: MIAMI, FL 33126

Title: VSD (X) Change ( ) Addition
Name: VINUEZA-OCHOA, MARIA DEL C
Address: 815 NW 57 AVE, SUITE 342
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS HERNANDO ESCOBAR P 04/29/2005
Electronic Signature of Signing Officer or Director Date