


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90047 043 ***158.75

DOCUMENT # P01000036127		
1. Entity Name ANDINA FINE ART DEALERS, INC.		

Principal Place of Business 5469 NW 72 AVE. MIAMI, FL 33166	Mailing Address 5491 NW 72ND AVENUE MIAMI, FL 33166
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50052908

2. Principal Place of Business 5469 N.W. 72 Ave.	3. Mailing Address 5469 N.W. 72 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Huawei FL	City & State Huawei FL
Zip 33166	Zip 33166
Country USA	Country USA



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1092912	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONTTOYA, MARIA E 5491 NW 72ND AVENUE MIAMI, FL 33166	
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7. Name and Address of New Registered Agent Name Maria Montoya E. Street Address (P.O. Box Number is Not Acceptable) 5469 N.W. 72 Ave. City Huawei FL Zip Code 33166	
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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 Maria E. Montoya <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE 5/17/05 <small>NOTE: Registered Agent signature required when reinstating</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D MONTTOYA, MARIA D 5469 NW 72 AVE. MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maria E. Montoya <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 5/17/05 <small>Date</small>
	DAYTIME PHONE # 305-888-8853 <small>Daytime Phone #</small>