

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000105038

1. Entity Name
ANDRES AUTO SALES & SERVICE, INC.



FILED
Sep 05, 2006 08:00 AM
Secretary of State

Principal Place of Business
**2145 W. WASHINGTON ST.
ORLANDO, FL 32805**

Mailing Address
**2145 W. WASHINGTON ST.
ORLANDO, FL 32805**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3748041	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AGRAMONTE, ANDRES
9333 LAKE FISHER BLVD.
GOTHA, FL 34743**

**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 Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	PSD AGRAMONTE, ANDRES 9333 LAKE FISHER BLVD. GOTHA, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD AGRAMONTE, NILSA 9333 LAKE FISHER BLVD. GOTHA, FL 34743
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09/05/06-80010-006 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/06 407-835-8188
Date Daytime Phone #