.2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000023480

1. Entity Name
ANDREWS CENTER, INC.

Principal Place of Business	Mailing Address
3410 N ANDREWS AVE. EXT.	3410 N ANDREWS AVE. EXT.
POMPANO BEACH, FL 33064	POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3614620	Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH, BHARAT
3410 N ANDREWS AVE. EXT.
POMPANO BEACH, FL 33064

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

II00000219627
02/08/05-80035-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAH, BHARAT
STREET ADDRESS	3410 N ANDREWS AVE., EXT.
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	DROTOS, JAMES F
STREET ADDRESS	3410 N ANDREWS AVE., EXT.
CITY-ST-ZIP	POMPANO BEACH, FL 33064

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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: _____ JAMES DROTOS 1/11/05 954 943 9433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #