

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000039788

FILED  
Nov 18, 2004  
Secretary of State

Entity Name: ANDON ENTERPRISE INC.

**Current Principal Place of Business:**

7900 NW 27 AVE  
159  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

169 NORTH COURT  
159  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 04-3651034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACCU-TAX ACCOUNTING  
169 NORTH COURT  
159  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JACKSON, ANDREW G  
Address: 1071 SW 101 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: V ( ) Delete  
Name: WILLIAMS, DONOVAN A  
Address: 2201 FLAMINGO DR  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, DONOVAN A  
Address: 2201 FLAMINGO DR  
City-St-Zip: MIRAMAR, FL 33023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DONOVAN A. WILLIAMS

P

11/18/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date