2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 10, 2003 8:00 am
Secretary of State
02-24-2003 90942 045 ***150.00

DOCUMENT # P02000040272

1. Entity Name
ANDREINA INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
8031 NW 8 STREET #16	8031 NW 8 STREET #16
MIAMI FL 33126	MIAMI FL 33126

2. Principal Place of Business	3. Mailing Address
8027 NW 8 STREET	Po. Box. 720266
Suite, Apt. #, etc.: #10	Suite, Apt. #, etc.: MIAMI INT'L MALL
City & State: MIAMI; FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33126 Country: USA.	Zip: 33172 Country: USA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3641600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALCEDO, IRAIVA
8031 NW 8 STREET #16
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name SALCEDO, IRALVA
Street Address (P.O. Box Number is Not Acceptable)
8027 NW 8 STREET #10
City MIAMI FL Zip Code 33126

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALCEDO, IRAIVA 8031 NW 8 STREET #16 MIAMI FL 33126	☐ Delete	PD SALCEDO, IRALVA 8027 NW 8 STREET #10 MIAMI, FL, 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDP DONATTI, NOEL 8031 NW 8 STREET #16 MIAMI FL 33126	☐ Delete	VDP DONATTI, NOEL 8027 NW 8 STREET #10 MIAMI, FL, 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 02/20/03 305-951-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #