

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90144 008 ***150.00

DOCUMENT # P02000074934 1. Entity Name ANDINA CRAFTS, INC.			
Principal Place of Business 8824 VILLA VIEW CIR #306 ORLANDO, FL 32821		Mailing Address 8824 VILLA VIEW CIR #306 ORLANDO, FL 32821	
2. Principal Place of Business 146 Haversham Way Suite, Apt. #, etc.		3. Mailing Address 146 Haversham Way Suite, Apt. #, etc.	
City & State Davenport, Florida Zip 33897 Country USA		City & State Davenport, Florida Zip 33897 Country USA	
4. FEI Number 54-2067057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONSECA, MARIA A 8824 VILLA VIEW CIR #306 ORLANDO, FL 32821		7. Name and Address of New Registered Agent Name Maria A. Fonseca Street Address (P.O. Box Number is Not Acceptable) 146 Haversham Way City Davenport FL Zip Code 33897	
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: <i>Maria A. Fonseca W. Director</i> 03-07-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME FONSECA, MARIA A STREET ADDRESS 8824 VILLA VIEW CIR #306 CITY-ST-ZIP ORLANDO, FL 32821	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME FONSECA, MARIA A. STREET ADDRESS 146 Haversham Way CITY-ST-ZIP Davenport, FL 33897	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <i>Maria A. Fonseca</i> Maria A. Fonseca 03-07-05 (407) 797-5080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			