


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

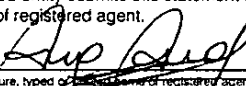
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| DOCUMENT # P02000081479 | |  |
| 1. Entity Name ANDRADE REALTY GROUP, INC. | | |

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| Principal Place of Business 9869 PINES BLVD. PEMBROKE PINES, FL 33024 | Mailing Address 9869 PINES BLVD. PEMBROKE PINES, FL 33024 |
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| 2. Principal Place of Business 9809 Pines Blvd. | 3. Mailing Address 9809 Pines Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

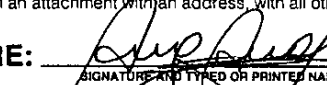
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|------------------------------------|------------------------------------|
| City & State Pembroke Pines, FL | City & State Pembroke Pines, FL |
| Zip 33024 | Country USA |

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| 6. Name and Address of Current Registered Agent ANDRADE, MILTON JR. 9869 PINES BLVD. PEMBROKE PINES, FL 33024 | |
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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  | DATE 10/20/05 |

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HERNANDEZ, JESSICA 1604 VICTORIA POINT LANE WESTON, FL 33327 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ANDRADE, VERONICA 1604 VICTORIA POINT LANE WESTON, FL 33327 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDRADE, GABRIELA 1604 VICTORIA POINT LANE WESTON, FL 33327 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDRADE, MILTON JR. 1604 VICTORIA POINT LANE WESTON, FL 33327 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

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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:  | DATE 10/20/05 |

FILED

05 OCT 25 AM 10:22

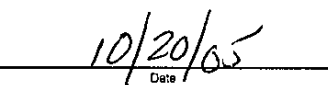
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 45-0483575 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent Name Angela Andrade Street Address (P.O. Box Number is Not Acceptable) 9809 Pines Blvd. City Pembroke Pines FL Zip Code 33024 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600060921128 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/25/05--01054--005 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| SIGNATURE:  | DATE 10/20/05 |