

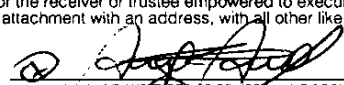


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90023 045 \*\*\*150.00

<b>DOCUMENT # P02000081479</b> 1. Entity Name <b>ANDRADE REALTY GROUP, INC.</b>			
Principal Place of Business <b>9869 PINES BLVD.</b> <b>PEMBROKE PINES, FL 33024</b>		Mailing Address <b>9869 PINES BLVD.</b> <b>PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business - No P.O. Box # <b>9720 STIRLING ROAD</b> Suite, Apt. #, etc. <b>106</b>		3. Mailing Address <b>9720 STIRLING ROAD</b> Suite, Apt. #, etc. <b>106</b>	
City & State <b>COOPER CITY FL.</b>		City & State <b>COOPER CITY FL</b>	
Zip <b>33084</b> Country <b>U.S.</b>		Zip <b>33024</b> Country <b>U.S.</b>	
4. FEI Number <b>45-0483575</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired. <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDRADE, ANGELA JR.</b> <b>9869 PINES BLVD.</b> <b>PEMBROKE PINES, FL 33024</b>		7. Name and Address of New Registered Agent Name <b>ANDRADE, ANGELA JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9720 STIRLING ROAD SUITE 106</b> City <b>COOPER CITY</b> <b>FL</b> Zip Code <b>33024</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>HERNANDEZ, JESSICA</b> STREET ADDRESS <b>1604 VICTORIA POINT LANE</b> CITY - ST - ZIP <b>WESTON, FL 33327</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <b>TD</b> <input type="checkbox"/> Delete NAME <b>ANDRADE, VERONICA</b> STREET ADDRESS <b>1604 VICTORIA POINT LANE</b> CITY - ST - ZIP <b>WESTON, FL 33327</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>ANDRADE, GABRIELA</b> STREET ADDRESS <b>1604 VICTORIA POINT LANE</b> CITY - ST - ZIP <b>WESTON, FL 33327</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>ANDRADE, ANGELA</b> STREET ADDRESS <b>9869 PINES BLVD</b> CITY - ST - ZIP <b>PEMBROKE PINES, FL 33024</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ANDRADE, ANGELA</b> STREET ADDRESS <b>9720 STIRLING ROAD # 106</b> CITY - ST - ZIP <b>COOPER CITY, FL 33024</b>		
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____		Daytime Phone # _____	

40036280



03012007 Chg-P CR2E034 (12/06)