
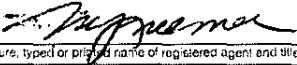
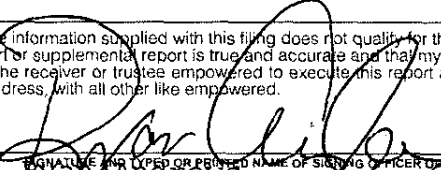


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91367 012 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000086625			
1. Entity Name ANDREWS FUNDING CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1741 Alton Road		3. Mailing Address Box 140668	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Coral Gables, FL	
Zip 33139		Zip 33134	
Country USA		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> 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 Current Registered Agent			
Name Ryan Andrews			
Street Address (P.O. Box Number is Not Acceptable) 1741 Alton Road			
City Miami Beach FL Zip Code 33139			
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. MJF REGISTERED AGENT CORP.			
SIGNATURE  Michael J. Freeman, President 4-24-03			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating) DATE</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREWS, RYAN 1741 Alton Road Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Director 4/23/03 (305) 807-1818	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034B (12/02)

Attachment

80097607

Law Offices

MICHAEL J. FREEMAN, P.A.

153 Sevilla Avenue

Coral Gables, Florida 33134-6006

Reply to:

P.O. Box 140668

Coral Gables, Florida 33114-0668

Tel: (305) 442-1567

Fax: (305) 442-1227

April 24, 2003

Secretary of State

Division of Corporations

Annual Report Section

P.O. Box #1500

Tallahassee, Florida 32302-1500

Re: **ANDREWS FUNDING CORP.**
Document #PO2000086625

Gentlemen:

Enclosed please find the following documents for the above referenced corporation:

1. Executed 2003 Uniform Business Report;
2. My client's check #1434 the amount of \$150.00 representing the filing fee.

Thank you for your courtesies in this matter.

Very truly yours,



MICHAEL J. FREEMAN

MJF:lc

enc.