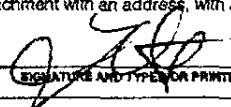


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000090217		
1. Entity Name TERRY ANDREWS, INCORPORATED		
Principal Place of Business 3203 McDONALD STREET COCONUT GROVE, FL 33133	Mailing Address 3203 McDONALD STREET COCONUT GROVE, FL 33133	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDREWS, TERRANCE L 3203 McDONALD ST MIAMI, FL 33133		DO NOT WRITE IN THIS SPACE
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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000443665 03/06/06-80021-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
PTD ANDREWS, TERRANCE L 3203 McDONALD SR MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SD GIGLIO, JIM 3203 McDONALD ST MIAMI, FL 33133		
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 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		2-20-06 305-205-1000 Date Daytime Phone #