

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000095659

1. Entity Name

ANDRADE FINANCIAL SERVICES, INC.



Principal Place of Business

9869 PINES BLVD
PEMBROKE PINES, FL 33024

Mailing Address

9869 PINES BLVD
PEMBROKE PINES, FL 33024



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0483575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, VERONICA K
9869 PINES BLVD
PEMBROKE PINES, FL 33024

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDRADE, MILTON SR
STREET ADDRESS	1604 VICTORIA PTE LN
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VD
NAME	ANDRADE, VERONICA K
STREET ADDRESS	1604 VICTORIA PTE LN
CITY-ST-ZIP	WESTON, FL 33327
TITLE	SD
NAME	ANDRADE, JESSICA
STREET ADDRESS	1604 VICTORIA PTE LN
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	ANDRADE, MILTON JR
STREET ADDRESS	1604 VICTORIA POINTE LANE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	ANDRADE, PADLA K
STREET ADDRESS	1604 VICTORIA POINTE LN
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	ANDRADE, GABRIELA K
STREET ADDRESS	1604 VICTORIA POINTE LN
CITY-ST-ZIP	WESTON, FL 33327

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02/25/06-80038-021 150.00

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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

02-06-06

Date

Daytime Phone #