


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90048 006 ***150.00

DOCUMENT # P02000095659 1. Entity Name ANDRADE FINANCIAL SERVICES, 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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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0486054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	PD ANDRADE, MILTON SR 1604 VICTORIA PTE LN WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDRADE, VERONICA K 1604 VICTORIA PTE LN WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRADE, JESSICA 1604 VICTORIA PTE LN WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, MILTON JR 1604 VICTORIA POINTE LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, PADLA K 1604 VICTORIA POINTE LN WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, GABRIELA K 1604 VICTORIA POINTE LN WESTON, FL 33327

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IN THIS SPACE**

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  **1-23-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #