2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022850

1. Entity Name

ANDRES GOLDMINE JEWELERS INC.



FILED
May 09, 2005 08:00 AN
Secretary of State

Principal Place of Business

2910 OAKWOOD BLVD., BOOTH 1 HOLLYWOOD, FL 33020 Malling Address

2910 OAKWOOD BLVD., BOOTH 1 HOLLYWOOD, FL 33020



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 11-3678760 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

OLAECHEA, ANDRE L 2910 OAKWOOD BLVD., BOOTH 1 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

		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		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAECHEA, ANDRE L 2910 OAKWOOD BLVD., BOOTH 1 HOLLYWOOD, FL 33020	U00000365212 05/09/05-80028-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		US/US/US-80028-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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 Block 11 i changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND WYEL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/or

Daytime Phone #