


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90066 027 \*\*\*150.00

<b>DOCUMENT # P03000051761</b> 1. Entity Name <b>ANDRI CHEMICAL OF AMERICA, INC.</b>					
Principal Place of Business <b>440 SANOVINO AVENUE CORAL GABLES, FL 33144</b>			Mailing Address <b>440 SANOVINO AVENUE CORAL GABLES, FL 33144</b>		
2. Principal Place of Business <b>2221 SW 59TH AVE</b>		3. Mailing Address <b>2221 SW 59TH AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>HOLLYWOOD, FL</b>		City & State <b>HOLLYWOOD, FL</b>		4. FEI Number <b>02-0691891</b>	
Zip <b>33023</b>		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LOOMAR, L. GREGORY 1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ-MENA, ONDINA D 440 SANOVINO AVENUE CORAL GABLES, FL 33144</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ-MENA, ONDINA D 5424 SW 186TH WAY MIRAMAR, FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ-MENA, LUIS 440 SANOVINO AVENUE CORAL GABLES, FL 33144</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ-MENA LUIS 5424 SW 186TH WAY MIRAMAR, FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARGARITA PEREZ-MENA 5424 SW 186TH WAY MIRAMAR, FL 33029</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Ondina Perez-Mena</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-7-05</b> <small>Date</small>		
			<small>Daytime Phone #</small>		