


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90067 001 ***150.00

DOCUMENT # P03000069182		
1. Entity Name ANDES CONSTRUCTION & MINING, INC.		

Principal Place of Business 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243	Mailing Address 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243
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2. Principal Place of Business - No P.O. Box # 11018 Pine Lilly Place Suite, Apt. #, etc.	3. Mailing Address 11018 Pine Lilly PL Suite, Apt. #, etc.
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City & State Bradenton, FL Zip 34202 Country	City & State Bradenton, FL Zip 34202 Country
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04062007 Chg-P CR2E034 (12/06)

4. FEI Number 81-0618960	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OJEDA, M. PILAR 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name OJEDA, M. PILAR Street Address (P.O. Box Number is Not Acceptable) 11018 Pine Lilly PL City Bradenton FL Zip Code 34202	
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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:  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent, if not applicable.		DATE 4/30/07
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OJEDA-CHRISTIANSEN, CARLOS E 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243 <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	V OJEDA, M. PILAS 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243 <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	D OJEDA-FERENUS, CARLOS E 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243 <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	D OJEDA-FERENUS, MARIA P 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243 <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	D OJEDA-FERENUS, VIVIANA L 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243 <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	V PILAR, OJEDA M 5572 FORESTER LAKE DRIVE SARASOTA, FL 34243 <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 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	DATE 4/30/07 Daytime Phone #