## **2005 FOR PROFIT CORPORATION**

## Apr 14, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-14-2005 90088 024 \*\*\*150.00 DOCUMENT # P03000093563 1. Entity Name BANDRIK CORP. Principal Place of Business Mailing Address 15 SAMANA DR 15 SAMANA DR MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 6800 SW 40 Street 6800 SW 40 Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04102005 Chg-P CR2E034 (10/03) Suite 386 Suite 386 City & State City & State 4. FEI Number Applied For MIAMI FLORIDA MIAMI FLORIDA 56-2388763 Not Applicable. Zip Country \$8.75 Additional 5. Certificate of Status Desired 33155-3708 USA 33155-3708 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUIS A. BANDRICH SR. BANDRICH JR., LUIS A Street Address (P.O. Box Number is Not Acceptable) 6800 SW 40 Street 15 SAMANA DR MIAMI, FL 33133 City MIAMI Zip Code 33155-3708 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. 04/11/2005 LUIS A. BANDRICH SR. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE P/S/D Change ☐ Addition NAME BANDRICH JR., LUIS A NAME LUIS A. BANDRICH SR. STREET ADDRESS 15 SAMANA DR STREET ADDRESS 6800 SW 40 Street Suite 386 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP MIAMI FLORIDA 33155-3708 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 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, withy a lother like ympowered.

**FILED** 

(305) 200-9347

Daytime Phone #

**PRESIDENT** 

04/11/2005 Date