

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097032

1. Entity Name  
EL SANADOR DE LOS ANDES, INC.



FILED

06 JAN 24 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4947 HOWARD ST.  
FT. MYERS, FL 33905

Mailing Address  
4947 HOWARD ST.  
FT. MYERS, FL 33905



01112006 Chg-P CR2E034 (11/05) 06

2. Principal Place of Business

184 Ortiz Ave

Suite, Apt. #, etc.

#

3. Mailing Address

184 Ortiz Ave

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33905

Country

USA

Zip

33905

Country

USA

4. FEI Number  
58-2675781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVAS, SANTOS  
4947 HOWARD ST.  
FT. MYERS, FL 33905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/19/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME RIVAS, SANTOS  
STREET ADDRESS 4947 HOWARD ST.  
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE VD ☒ Delete  
NAME PISFIL, LIBORIO  
STREET ADDRESS 4947 HOWARD ST.  
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE TD ☐ Delete  
NAME RIVAS, BERNIE L  
STREET ADDRESS 4947 HOWARD ST.  
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 200065186702  
STREET ADDRESS 02/06/06--01018--008 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/06

Date

Daytime Phone #