2007 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-S1-7IP

Apr 18, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P03000139048 1. Entity Name ANDIV, INC. Principal Place of Business Mailing Address 15253 SW 141 STREET 15253 SW 141 STREET MIAMI, FL 33196 MIAMI, FL 33196 04142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2416556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALDERON, DIANA M DIR DO NOT WRITE 15253 SW 141 STREET MIAMI, FL 33196 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CALDERON, DIANA M NAME STREET ADDRESS 15253 SW 141 STREET CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME POMBO, CARLOS A STREET ADDRESS 15253 SW 141 STREET CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U000000714505 04/27/07-80026-025 150.00 CITY-ST-ZIP TOLE

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 occurrence 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED