

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90010 035 ***150.00

DOCUMENT # P03000150632

1. Entity Name

EVERYTHING AND ANYTHING OF ANDREWS INC.



Principal Place of Business

5201 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309
US

Mailing Address

5201 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

83-0379838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO, DIANA
5201 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309

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

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

Diana Moreno
(NOTE: Registered Agent signature required when reinstating)

3-22-04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MORENO, DIANA ☐ Delete
STREET ADDRESS 5201 NORTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE V
NAME BREIGHNER, MELISSA ☐ Delete
STREET ADDRESS 5201 NORTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE:

Diana Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana Moreno

3-22-04

9544936728
Daytime Phone #