


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90001 033 ***150.00

FILED
P04000024387
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 8:39

DOCUMENT # P04000024387			
1. Entity Name WILLIAM ANDREWS DESIGNS INC.			
Principal Place of Business 2385NW149THST. OPALOCKA, FL 33054		Mailing Address 2385NW149THST. OPALOCKA, FL 33054	
2. Principal Place of Business 2385 NW 149th St.		3. Mailing Address 2385 NW 149th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OPALOCKA FL		City & State OPALOCKA, FL	
Zip 33054	Country USA	Zip 33054	Country USA
4. FEI Number 52-2144793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUSSBAUM, ROBERT 7800 SW 141 ST MIAMI, FL 33158		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP PT NUSSBAUM, ROBERT 2385 NW 149TH ST. OPA LOCKA, FL 33054 <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	VPS STEWART SIMON 2385 NW 149 ST. OPA LOCKA FL 33054 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/10/05 305-687-5091 Date Daytime Phone #	