## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000039940

Entity Name: ANDES MOTORCOACHES, INC.

**FILED** Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7830 BRIDGESTONE DRIVE 3545 SHALLOT DRIVE ORLANDO, FL 32835

**UNIT # 102** 

ORLANDO, FL 32835

**Current Mailing Address: New Mailing Address:** 

3545 SHALLOT DRIVE 7830 BRIDGESTONE DRIVE UNIT # 102 ORLANDO, FL 32835

ORLANDO, FL 32835

FEI Number: 20-0819473 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRADA, AMELIA PRADA, ALFONSO 7830 BRIDGESTONE DRIVE 3545 SHALLOT DRIVE ORLANDO, FL 32835 UNIT #102 ORLANDO, FL 32835 US

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.

SIGNATURE: ALFONSO PRADA 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition

PRADA, AMELIA Name: Name: PRADA, ALFONSO

7830 BRIDGESTONE DRIVE 3545 SHALLOT DRIVE, UNIT #102 Address: Address:

City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835

Title: Title: SECR (X) Change ( ) Addition () Delete

Name: PRADA, ALFONSO Name: GOMEZ, ANGELICA

3545 SHALLOT DRIVE - UNIT 102 Address: 3545 SHALLOT DRIVE, UNIT #102 Address:

ORLANDO, FL 32835 ORLANDO, FL 32835 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO PRADA **PRES** 04/29/2009