FILED Apr 15, 2005 8:00 am

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	ANNUAL REPORT	

ANNUAL REPURI							Secretary of State				
DOCUMENT # P04000099463 1. Entity Name ANDRES MAINTENANCE & REPARATION, INC.							04-15-2005	•			
Principal Place of Business			Mailing Address		1.	20034315					
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951, NE 149TH ST North Miami, FL 33161		951 NE 149TH ST North Miami, Fl. 33161									
NORTH WILMIN, IL 33101 NORTH WILMIN, IL 33101					 						
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092005	Chg-P	CR2E03	4 (10/03)			
City & State		City & State		4. FEI Number	5-2464	647	Ap No	plied For I Applicable			
Zip		Country بستفاه	Zip	Coun	atry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent			7. Name and /	Address of New Re	gistered Ag	sent		
DEDDOA	ADONTE	ANDDEO			Name						
BERROA APONTE, ANDRES J 951 NE 149TH ST NORTH MIAMI, FL 33161			Street Addres		Street Address (P.O. Box Number	r is Not Acceptable)			
	,,,,,,,				City				Zip Code		
		3			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, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE			
,		n nefare									
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Con	_		.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS	11,	J.,	ADDITIONS/C	CHANGES TO OFFI	CERS AND (DIRECTORS	3 IN 11	
TITLE	Р		☐ Delete	TITLE	E				Change	☐ Addition	
NAME	BERROA APONTE, ANDRES J			tE .				_ ,	_		
STREET ADDRESS				STRE	ET ADDRESS						
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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 an address with a statute of the corporation of the corporation.											
15/0/2											
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