

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000099463					
1. Entity Name ANDRES MAINTENANCE & REPARATION, INC.					
Principal Place of Business 951 NE 149TH ST NORTH MIAMI, FL 33161			Mailing Address 951 NE 149TH ST NORTH MIAMI, FL 33161		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142006 Chg-P CR2E034 (11/05)	
4. FEI Number 56-2464647				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			7. Name and Address of New Registered Agent		
BERROA APONTE, ANDRES J 951 NE 149TH ST NORTH MIAMI, FL 33161			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: 2/14/06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERROA APONTE, ANDRES J 951 NE 149TH ST NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000043753 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/28/06-80047-007 ISO.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERROA, MARIA D 951 NE 149TH ST NORTH MIAMI, FL 33161 <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	
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 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 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 or without being empowered.					
SIGNATURE:			DATE: 2/14/06		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					