

FILED
Mar 23, 2005 8:00 am
Secretary of State


02-28-2005 90182 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

21

DOCUMENT # P04000127685

1. Entity Name
ANDRES CARPENTRY, INC.



Principal Place of Business
**2113 WEST 60TH STREET
 HIALEAH, FL 33016 US**

Mailing Address
**2524 WEST 70 PLACE
 HIALEAH, FL 33016 US**

66006979



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02162005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1591895** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FRUTOS, NANCY
 2524 WEST 70 PLACE
 HIALEAH, FL 33016**

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 _____
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	P/T <input type="checkbox"/> Delete FRUTOS, ANDRES S 2524 WEST 70TH PLACE HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S <input type="checkbox"/> Delete FRUTOS, NANCY 2524 WEST 70TH PLACE HIALEAH, FL 33016	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)(f), 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: *Nancy Frutos* **u-PRESIDENT NANCY FRUTOS** *2/23/05* *(305) 321-5630*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #