

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138839

FILED
Apr 26, 2011
Secretary of State

Entity Name: GRUPO ANDINO INVESMENT AND SERVICE INC

Current Principal Place of Business:

4645 SE 11TH PLACE
SUITE 103
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4645 SE 11TH PLACE
SUITE 103
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-1737979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, HERNAN
4645 SE 11TH PLACE
SUITE 103
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ARBELAEZ DE GARCES, YOLANDA I
Address: 4645 SE 11TH PLACE SUITE103
City-St-Zip: CAPE CORAL, FL 33904

Title: VP
Name: GARCES, RICARDO
Address: 4645 SE 11TH PLACE SUITE103
City-St-Zip: CAPE CORAL, FL 33904

Title: S
Name: PINEDA, HERNAN
Address: 4645 SE 11TH PLACE SUITE103
City-St-Zip: CAPE CORAL, FL 33904

Title: VS
Name: GARCES, RICARDO F
Address: 4645 SE 11TH PLACE SUITE103
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: GARCES, JUAN D
Address: 4645 SE 11TH PLACE SUITE103
City-St-Zip: CAPE CORAL, FL 33904

Title: VT
Name: GARCES, JORGE M
Address: 4645 SE 11TH PLACE SUITE103
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: YOLANDA ARBELAEZ DE GARCES

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date