


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000054850</b>	
1. Entity Name <b>ANDREWE CECERE CORP.</b>	

Principal Place of Business <b>1486 CAIRD WAY PALM HARBOR, FL 34683</b>	Mailing Address <b>1486 CAIRD WAY PALM HARBOR, FL 34683</b>
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DO NOT WRITE IN THIS SPACE



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2725100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>CECERE, ANDREW 1023 FLORIDA AVE SUITE B PALM HARBOR, FL 34683</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES CECERE, ANDREW 1023 FLORIDA AVE PALM HARBOR, FL 34683</b>
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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 all other like empowered.

**SIGNATURE:** Andrew Cecere President 4/16/08 727-512-9411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #