


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 016 ***150.00

DOCUMENT # P05000055308

1. Entity Name
ANDY'S MOTORS, INC.



Principal Place of Business
**2795 PALM BAY RD.
 PALM BAY, FL 32907**

Mailing Address
**2795 PALM BAY RD.
 PALM BAY, FL 32907**

40070300

2. Principal Place of Business
2795 Palm Bay Rd NE

3. Mailing Address
2795 Palm Bay Rd NE

Suite, Apt. #, etc.



04192006 Chg-P CR2E034 (11/05)

City & State
Palm Bay FL 32905

City & State
Palm Bay FL 32905

Zip
32905

Country
USA

Zip
32905

Country
USA

4. FEI Number
16-1722559

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INFANTE, FERNANDO
 219 NEVILLE CIRCLE NE
 PALM BAY, FL 32907**

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 *[Signature]* **MA**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFANTE, FERNANDO	NAME	
STREET ADDRESS	219 NEVILLE CIRCLE NE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFANTE, LUZ	NAME	
STREET ADDRESS	219 NEVILLE CIRCLE NE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* **FERNANDO INFANTE** **04-21-06** **321-213-1267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #