

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR -5 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092007 REIN-P CR2E098 (1/07)

| | | | | | |
|--|--|--|---|---|---|
| DOCUMENT # P05000154173 1. Entity Name ANDREA 04, INC. | | | | | |
| Principal Place of Business 2655 LE JEUNE RD SUITE 309 CORAL GABLES, FL 33134 | | | Mailing Address 13876 SW 56TH STREET NO 291 MIAMI, FL 33175 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent GALVEZ-PRIEGO, JORGE 2655 LE JEUNE RD SUITE 309 CORAL GABLES, FL 33134 | |
| 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 | | JORGE GALVEZ-PRIEGO, ESQ. | | 02/09/2007 | |
| FILE NOW!!! FEE IS \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT DA SILVA CORREIA, MANUEL 2655 LE JEUNE RD SUITE 309 CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DA-SILVA-CORREIA, MANUEL 2655 LE JEUNE RD STE 309 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS CAMACHO DE CORREIA, MARIA ELENA 2655 LE JEUNE RD SUITE 309 CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CAMACHO-DE-CORREIA, MARIA H. 2655 LE JEUNE RD STE 309 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS DA-SILVA-CAMACHO, SYBEL 2655 LE JEUNE RD STE 309 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DA-SILVA-CAMACHO, TAMARA 2655 LE JEUNE RD STE 309 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | 200092347312 03/13/07--01014--019 **308.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | DA-SILVA-CORREIA, MANUEL DP | | 02/09/2007 305-416-9668 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

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