

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154173

Entity Name: ANDREA 04, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

2655 LE JEUNE RD SUITE 309
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

13876 SW 56TH STREET NO 291
MIAMI, FL 33175

New Mailing Address:

FEI Number: 33-1156063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALVEZ-PRIEGO, JORGE
2655 LE JEUNE RD SUITE 309
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DA SILVA CORREIA, MANUEL
Address: 2655 LE JEUNE RD SUITE 309
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP () Delete
Name: CAMACHO DE CORREIA, MARIA ELENA
Address: 2655 LE JEUNE RD SUITE 309
City-St-Zip: CORAL GABLES, FL 33134

Title: DSP () Delete
Name: CAMACHO DE CORREIA, SYBEL
Address: 2655 LE JEUNE RD SUITE 309
City-St-Zip: CORAL GABLES, FL 33134

Title: DT () Delete
Name: CAMACHO DE CORREIA, TAMARA
Address: 2655 LE JEUNE RD SUITE 309
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MANUEL DA SILVA CORREIA

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02/26/2009

Electronic Signature of Signing Officer or Director

Date