

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014324

Entity Name: ANDEAN WORLD INC.

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

6705 RED ROAD SUITE 503  
CORAL GABLES, FL 33143

## New Principal Place of Business:

6705 RED ROAD  
SUITE 503  
CORAL GABLES, FL 33143

## Current Mailing Address:

6705 RED ROAD SUITE 503  
CORAL GABLES, FL 33143

## New Mailing Address:

FEI Number: 22-3975577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

LEIVA, MARIA C  
6705 RED ROAD  
SUITE 503  
CORAL GABLES, FL 33143 US

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: MARIA CAMILA LEIVA

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LEIVA, GERMAN  
Address: 6705 RED ROAD SUITE 503  
City-St-Zip: CORAL GABLES, FL 33143

Title: DVPS ( ) Delete  
Name: LEIVA, MARIA  
Address: 6705 RED ROAD SUITE 503  
City-St-Zip: CORAL GABLES, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPS (X) Change ( ) Addition  
Name: LEIVA, MARIA C  
Address: 6705 RED ROAD SUITE 503  
City-St-Zip: CORAL GABLES, FL 33143

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: MARIA CAMILA LEIVA

DVPS

01/23/2009

Electronic Signature of Signing Officer or Director

Date