## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P9200003398  1. Entity Name ANDES CUSTOM REMODELING, INC.					04-15-2005	5 90070 000	5 ***150	0.00
Principal Place of Business Mailing Address				7	-			
1620 NW 114TH AVE 1620 NW 114TH AVE								
PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 3302								
				1 19 11 11 11 11	18(18 1(81) 8830 8810 8		8	11201 11 1221
2. Principal Place of Business	2 Mailian Address							
2. Principal Place of Business 3. Mailing Address				1 18 8 11 18 18	HALIB IIQLI OGISI QOIII Q	IIII 1811 JULI III		
Suite, Apt. #, etc. Suite, Apt. #, etc				1	0 t = 10	000000	4 (40400)	
				04032005	Chg-P	CR2E03	4 (10/03)	
City & State City & State				4. FEI Numbe			Ap	plied For
				65-0368336		<del>. ' - '</del> -	t Applicable	
Zip Country	Žiρ	Coun	try	5. Certificate	of Status Desired		8.75 Add ee Require	
6. Name and Address of Current	Registered Agent	-1		7. Name and	Address of New			<del></del>
	* * * * * * * * * * * * * * * * * * * *		Name				·	
FERRER, ANDRES A								
1620 NW 114TH AVE			Street Address (P.O. Box Number is Not Acceptable)					
PEMBROKE PINES, FL 33026								
			City				Zin Code	^
			1	FL Zip Code				
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	r the purpose of changing it	s registere	ed office or registe	ered agent, or bot	h, in the State of I	Florida. I am fa	miliar with,	and accept
tile obligations of registered agent.								
SIGNATURE						<del></del>		
Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATÉ		
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OI	FFICERS AND E	DIRECTORS	S IN 11
ULTE D	Delete III		·			•	Change	☐ Addition
NAME FERRER, ANDRES A STREET ADDRESS 8540 NW 6 LANE, APT 101			1					
			EF ADORESS - ST-ZIP					
TITLE TOTAL	□ p.t	1171.6			<del>.</del>			☐ Addition
NAME	Delete	NAM				1	☐ Change	L_J ADUMON
STREET ADDRESS			ET AODRESS					
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CITY-ST-ZIP	,		- ST- ZIP					
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STREET ADDRESS			ET ADDRESS					
CITY-ST-ZP		CITY	-ST-ZIP					
TITLE	Delete	TITLE	I			1	☐ Change	☐ Addition
NAME CTREET ADOREGO		NAM	FI					
STREET ADDRESS CITY-SI-ZIP		STRE	ET ADORESS ST-ZP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and calculate 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 of 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-100

Date

Daytime Phone #