

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90136 030 ***150.00

DOCUMENT # P93000007878 1. Entity Name ANDRADE CORPORATION					
Principal Place of Business 245 SE 1ST STREET PLAZA BLDG 1, SUITE 241 MIAMI, FL 33131 US			Mailing Address 245 SE 1ST STREET PLAZA BLDG 1, SUITE 241 MIAMI, FL 33131 US		
2. Principal Place of Business Plaza Building / 245 SE 1st Street		3. Mailing Address 245 SE 1st Street Plaza Building			
Suite, Apt. #, etc. Suite # 241		Suite, Apt. #, etc. Suite # 241			
City & State Miami, Florida		City & State Miami, FL 33131		4. FEI Number 65-0387511	
Zip 33131		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDRADE, EROS 245 SE 1ST STREET PLAZA BLDG 1, SUITE 241 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Andrade, Eros Street Address (P.O. Box Number is Not Acceptable) Plaza Building 245 SE 1st Street - Suite # 241 City Miami FL Zip Code 33131	
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 3-14-2006 Signature, typed or printed name of registered agent and see if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	DP ANDRADE, EROS J 15025 SW 88 LANE MIAMI, FL 33196	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TANAKA ANDRADE, KATHERINE R 15025 SW 88 LANE MIAMI, FL 33196	☐ Delete			
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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: 3-14-2006 (305) 372-2770 Signature, typed or printed name of signing officer or director Date Daytime Phone #		