2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91152 025 ***150.00

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DOCUMENT # P93000007878

1. Entity Name
ANDRADE CORPORATION

11040626

Principal Place of Business	Mailing Address
255 E FLAGLER ST SUITE 211 MIAMI FL 33131 US	255 E FLAGLER ST SUITE 211 MIAMI FL 33131 US

2. Principal Place of Business	3. Mailing Address
255 East Flagler Street	Same.
Suite, Apt. #, etc.: Suite # 201-203	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip: 33131 / Country: USA.	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0387511 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, EROS
255 E FLAGLER ST
STE 201-203
MIAMI FL 33131

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 [signature] Eros Andrade — 4-29-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDRADE, EROS		NAME	
STREET ADDRESS	15025 SW 88 LANE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	
TITLE	DVS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TANAKA-ANDRADE, KATHERINE		NAME	
STREET ADDRESS	15025 SW 88 LANE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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 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: [signature] SIGNATURE REQUIRED — 4-29-2003 — (305) 372-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #