

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000036056

1. Entity Name
ANDY OF U.S.A., CORP.



Principal Place of Business
4160 W. 16TH AVE
SUITE 402
HIALEAH, FL 33012

Mailing Address
4160 W. 16TH AVE
SUITE 402
HIALEAH, FL 33012



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0626105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, JUAN E
4160 W. 16TH AVE.
SUITE 402
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NAVARRO, EVELIO
STREET ADDRESS 4160 W. 16TH AVE, SUITE 402
CITY-ST-ZIP HIALEAH, FL 33012

TITLE TD
NAME NAVARRO, ALBERTO
STREET ADDRESS 4160 W. 16TH AVE, SUITE 402
CITY-ST-ZIP HIALEAH, FL 33012

TITLE SD
NAME VALDES, JUAN E
STREET ADDRESS 4160 W. 16TH AVE, SUITE 402
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
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CITY-ST-ZIP

000000218760
02/07/05-80076-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Juan E Valdes Secretary 2-2-05 305-825-1485