2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000033594

1. Entity Name
440 SOUTH ANDREWS AVENUE, INC.

Principal Place of Business	Mailing Address
440 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301	440 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

04302008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0581747	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WALDMAN, ALEIDA ORS
440 S. ANDREWS AVE.
FT. LAUDERDALE, FL 33301

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)

U000003 ENB02
06/04/08-80042-017 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTILLO, RICHARD
STREET ADDRESS	440 S. ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

TITLE	SD
NAME	WALDMAN, ALEIDA ORS S
STREET ADDRESS	440 S. ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 05/08/08   (954) 524 1100
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #