

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90014 017 ***150.00

DOCUMENT # P95000048827

1. Entity Name
ANDERCO GROUP, INC.



Principal Place of Business
**4565 POWERLINE ROAD
FORT LAUDERDALE, FL 33309**

Mailing Address
**4565 POWERLINE ROAD
FORT LAUDERDALE, FL 33309**

54007484



2. Principal Place of Business
3450 Dunes Vista
Suite, Apt. #, etc.

3. Mailing Address
3450 Dunes Vista
Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State
Pompano Bch, FL
Zip
33069 Country
USA

4. FEI Number
65-0589985
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SUDRE, RAOUL
4565 POWERLINE ROAD
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent
Name
Sudre Raoul
Street Address (P.O. Box Number is Not Acceptable)
3450 Dunes Vista Drive
City
Pompano Beach FL Zip Code
33069

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 **Raoul Sudre** DATE **2/12/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDRE, RAOUL A		NAME	Sudre Raoul	
STREET ADDRESS	4565 POWERLINE ROAD		STREET ADDRESS	3450 Dunes Vista Dr.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Pompano Bch, FL 33069	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Raoul Sudre** DATE **2/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR