2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

DOCUMENT # P95000048827 1. Entity Name ANDERCO GROUP, INC.				Secretary of State			
3450 DUNES		Mailing Address 3450 DUNES VISTA POMPANO BEACH, FL 33069			18 4 8 184 - 1 173 - 18 8 8 111 - 18 1 11	 	8 finit (kniksi il thii
	A NOT WOITE	INI TUUC ODA	~ -	01032005	No.Chg-P	CR2E034 (1	0/03)
L	O NOT WRITE	IN THIS SPA	CE	4. FE! Numb			Applied For Not Applicable
				5. Certificate	e of Status Desired		75 Additional Required
	6. Name and Address of Current Reg						
POMPANO	ES VISTA DRIVE D BEACH, FL 33069	-		IN .	NOT W THIS SF	PACE	·
	named entity submits this statement for the lons of registered agent.	e purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	orida. I am familia	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and to	tile if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees			
10,	- OFFICERS AND DIF	ECTÓRS					
TITLE	PD						
NAME STREET ADDRESS	SUDRE, RAOUL A 3450 DUNES VISTA DR				1900uu2 12721705-8	236983	1 FA 550
CITY-ST-ZIP	POMPANO BEACH, FL 33069	··· -			UZ/ZI/UD~0	amaaiit	1.30.00
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP			4				
TITLE NAME							

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 exclude 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:

STREET ADDRESS

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

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