2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000026344

1. Entity Name
ANDI FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
22415 SOUTH DIXIE HWY MIAMI, FL 33170	5045 SW 87TH CT. MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

04032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0741772	Not Applicable

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

6. Name and Address of Current Registered Agent

CALERO, DIEGO A
5045 SW 87TH CT
MIAMI, FL 33165

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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, 2007 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees |

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	SABOGAL, MARIA C
STREET ADDRESS	5045 SW 87TH CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	P
NAME	CALERO, DIEGO
STREET ADDRESS	5045 SW 87TH CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/07-80007-009 150.00

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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: ✱ _____   04/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #