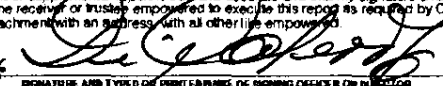


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91361 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000026344		
1. Entity Name ANDI FINANCIAL CORPORATION		
Principal Place of Business 7215 NW 41 ST., SUITE A MIAMI, FL 33166		Mailing Address 7215 NW 41 ST., SUITE A MIAMI, FL 33166
2. Principal Place of Business 22415 SOUTH DIKE HWY		3. Mailing Address 5045 SW 87TH CT
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA
Zip 33170	Country	Zip 33165
4. FEI Number 65-0741772		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CALERO, DIEGO A 7215 NW 41 ST., SUITE A MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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's signature required when submitting) DATE		
FILE NOW WITH FEE OF \$150.00 After May 1, 2003 Fee will be \$850.00 Make Check Payable to Florida Department of State		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 VP ☐ Delete		TITLE ☐ Change ☐ Addition
NAME SABOGAL, MARIA C		NAME
STREET ADDRESS 7215 NW 41 ST., SUITE A		STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33166		CITY-ST-ZIP
TITLE P ☐ Delete		TITLE ☐ Change ☐ Addition
NAME CALERO, DIEGO		NAME
STREET ADDRESS 7215 NW 41 ST., SUITE A		STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33166		CITY-ST-ZIP
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition
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 807, 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 life empowered.		
SIGNATURE: 		04/21/03 (301) 258-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #