2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # <b>P9600003562</b> ne  ANDESTIN VENTURES, INC.		N	May 02, 2 Secreta	005 ( ary of	08:00 Stat	0 AM te	[			
Principal Plac	ee of Business	Mailin	g Address		<u> </u>	7					
2333 BRICKELL AVE			2333 BRICKELL AVE								
STE D-1			STE D-1 MIAM! FL 33129			1 198		: <b>***</b> *********************************			l
MIAMIFL 3	3129	MIAN	MI PL 33129				nia.				
.2. Principal F	Place of Business	3. Mai	ling Address			- 118	Billian ita iaila alisi kasse aut	i (chill Abine mini	BIIIB BIIIB (Li	rir imusması il ildü	1
Suìte, Apt.	#, etc.	Suite, Apt. #, etc.			15	st MOORE	CR2E034	(10/04)	)		
City & Stat	te	City & State			-	4. FEI Numb	65-066137	2	F	Applied F	
Zip	Zip Country		Zip Coun		itry	5. Certificat	e of Status Desired		\$8.75 Fee Req	Additional	
	6. Name and Address of Current	l Registere	d Agent	! <u>.</u>		7. Name an	d Address of New	Registered		-	
					Name						
233	VID, MARY ANN Y 3 BRICKELL AVE				Street Address (P.O. Box Number is Not Acceptable)						
	E D-1 IMI FL 33129						· · · · · · · · · · · · · · · · · · ·				-
iVIII/~\	1011 F E 33123				City			FL	Zip (	Code	
-	e named entity submits this statement for						ath in the Otato of E			ith and so	aant
	tions of registered agent.	rie barb		register	ed office of regist	ered agent, or b	our, in the otate or	orida. Tam	iciriiici y	nii ii aria ao	oop.
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if app	TON) sideoile	E Registere	d Agent signature require	ed when re-instating)	. <del>?</del>	DATE			-
F	ILE NOW!!! FEE IS \$150.00						O Flanting Com-	alan Finana	ina (	<b>55.00</b> ма	
After	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of						9. Election Camp Trust Fund Co	**		dded to Fe	
10.	OFFICERS AND	DIRECTO	PRS	11.		ADDITIONS	S/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 11	
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NAME	ROSEN, NORMAN S			NAM			U000003	1529U8 1529U8	no ic	00.00	-
CITY-ST-ZIP	2333 BRICKELL AVE, STE D-1 MIAMI FL 33129			STREET ADDRESS CITY-ST-ZIF		05/03/05-80046-010 150.00					
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NAME	ROSEN, CLIFFORD D			NAM						-	
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CITY - \$1 - ZIP	MIAMI FL 33129			-1	-SI-ZIP						
IIILE	D CLOCK PICHARD		☐ Delete	BTU NAV					☐ Chan	ge 🗀 Ac	Idition
NAME STREET ADDRESS	OLSON, RICHARD 2333 BRICKELL AVE, STE D-1				EET ADDRESS						
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STREET ADDRESS CITY-ST-ZIP			/	4	EFF ADDRESS '- ST - ZIP						
	certify that the information supplied with	this filled	does not qualify fo			Section 119 07/3	3)(i), Florida Statutes	. I further cer	tify that ti	ie informat	ian
indicated of the cor changed	certify that the information supplied with don this report or supplements, report is rporation or the reselver of rubice emp , or on an attachment with anyaddress	true and owered to vith all oth	accurate and that resecute this report per like empowered	ny signa as requ	ture shall have the red by Chapter 60	e same legal effe 07, Florida Statu	ect as if made under tes; and that my nar	oath, that I ne appears i	am an off n Block 1	icer or dire 0 or Block	ctor 11 if

Clifford D. Rosen

SIGNATURE:

DIL DD

305.859.4900 Daytme Phone #