

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90420 017 \*\*\*150.00

**DOCUMENT # P96000069311**

1. Entity Name  
**ANDOVER WAY, INC.**



Principal Place of Business  
**3550 BISCAYNE BLVD  
202  
MIAMI, FL 33137**

Mailing Address  
**3550 BISCAYNE BLVD  
202  
MIAMI, FL 33137**

**60024309**



2. Principal Place of Business  
**3900 NW 2nd Avenue**

3. Mailing Address  
**3900 NW 2nd Avenue**

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.  
**N/A**

02162006 Chg-P CR2E034 (11/05)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-0699617**

Applied For  
Not Applicable

Zip  
**33127**

Country  
**USA**

Zip  
**33127**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**BROMLEY, MICHAEL W  
3550 BISCAYNE BLVD #202  
MIAMI, FL 33137**

## 7. Name and Address of New Registered Agent

Name  
**Same**

Street Address (P.O. Box Number is Not Acceptable)

**3900 NW 2nd Avenue**

City  
**Miami**

FL

Zip Code  
**33127**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEIDESDORF, EDMOND  
3550 BISCAYNE BLVD #202  
MIAMI, FL 33137** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BROMLEY, MICHAEL W  
3550 BISCAYNE BLVD #202  
MIAMI, FL 33137** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Leidesdorf, Edmond  
3900 NW 2nd Avenue  
Miami, FL 33127** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Bromley, Michael W  
3900 NW 2nd Avenue  
Miami, FL 33127** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27**

Date

**(305) 407-4265**

Daytime Phone #