

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077166

Entity Name: MAXANDRA INC.

FILED  
Apr 05, 2006  
Secretary of State

## Current Principal Place of Business:

11901 SW 64 STREET  
MIAMI, FL 33183 US

## New Principal Place of Business:

8961 S. W. 108TH. STREET  
MIAMI, FL 33176 US

## Current Mailing Address:

11901 SW 64 STREET  
MIAMI, FL 33183

## New Mailing Address:

8961 S. W. 108TH. STREET  
MIAMI, FL 33176

FEI Number: 65-0694263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASETLLON, HECTOR O  
11901 SW 64 STREET  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

CASTELLON, HECTOR O  
8961 S. W. 108TH. STREET  
MIAMI, FL 33176 US

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.

SIGNATURE: HECTOR O. CASTELLON

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASTELLON, HECTOR O  
Address: 11901 SW 64 STREET  
City-St-Zip: MIAMI, FL 33183

Title: S ( ) Delete  
Name: CASTELLON, MAIRA E  
Address: 11901 SW 64 STREET  
City-St-Zip: MIAMI, FL 33183

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASTELLON, HECTOR O  
Address: 8961 S. W. 108TH. STREET  
City-St-Zip: MIAMI, FL 33176

Title: S (X) Change ( ) Addition  
Name: CASTELLON, MAIRA E  
Address: 8961 S. W. 108TH. STREET  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR O. CASTELLON

P

04/05/2006

Electronic Signature of Signing Officer or Director

Date