## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P96000087716

1. Entity Name



## **FILED** Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90179 039 \*\*\*150.00

ANDEAN	EXPORT IMPORT, INC.	•						
5167 N.W. 74TH AVE.		Mailing Address 5167 N.W. 74TH AVE. MIAMI, FL 33166	5167 N.W. 74TH AVE.			III 88194 18111 IN		). 1 <b>1 i i i i i i</b> i i i i i i i i i i i i i
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E0	34 (12/06)	
City & State		City & State	<u> </u>		911			oplied For at Applicable
Zíp	Country	Zip	Country		of Status Desired	<u></u>	\$8.75 Add Fee_Require	
6. Name and Address of Current Registered Agent			News	7. Name and	Address of New R	Registered A	Agent	
RELAYZE, 5167 NW 7 MIAMI, FL	4TH AVE.	Name Street Addre	ess (P.O. Box Numbe	r is Not Acceptable	е)			
			City			FL	Zip Cod	е
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	t and title if applicable. (NOTE: R	legistered Agent signature rec	quired when reinstating)		DATE		<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Trust Fund Contrib	. –	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS RELAYZE, VICTOR 5167 NW 74TH AVE. MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATTUI, EDUARDO 5167 NW 74TH AVE. MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Additior
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, JORGE A 5167 NW 74 AVE MIAMI, FL 33166	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Additior
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

12. 1 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: