2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000024970  1. Entity Name  ANDES ELECTRIC INC.			Apr 22, 2005 08:00 AM Secretary of State
Principal Place of Business 2335 S.W. 27TH LANE	Mailing Address 2335 S.W. 27TH LANE	=	
MIAMI FL 33133	MIAMI FL 33133		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State	City & State		4. FEI Number 65-0816510 Applied For Not Applied by
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
ANDES, HERBERT K JR.		Name	
2335 S.W. 27TH LANE MIAMI FL 33133		Street Address (	P O. Box Number is Not Acceptable)  ———————————————————————————————————
	•	City	FL Zip Code
	the purpose of changing its	 s registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE	nd tille if applicable (NO)	TE Registered Agent signature required	f when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10. OFFICERS AND I		<b>1</b> 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
IIILE PVST	☐ Delete	TOTLE	Change Addition
NAME ANDES, HERBERT K JR. STREET ADDRESS 2335 S.W. 27TH LANE		NAME STREET ADDRESS	
City-St-ZiP MIAMI FL 33133	D Bullet	CHY-ST-ZIP	Change Addition
NAME ANDES, HERBERT K JR.	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS 2335 S.W. 27TH LANE CITY-SI-ZIP MIAMI FL 33133		STREET ADDRESS CHY-ST-ZIP	
TITLE ST	☐ Delete	atte	Change Addition
NAME ANDES, SYLVIA M STREET ADDRESS 2335 SW 27 LN		NAME STREET ADDRESS	U00000324237
CITY-SI-ZIP MIAMI FL 33133	- 	CITY-ST-ZIP	04/22/05-80085-017 150.00
TOTALE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CILY-SI-ZiP		CITY-ST-ZiP	Character Charac
TOTLE NAME	☐ Delete	THEE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS CITY: ST-ZIP	
CITY-ST-ZIP  TITLE		DITLE	☐ Change ☐ Additio
NAME SUPEL ADDOCAD		NAME OFFICE A PORCED	-
STREET ADDRESS CITY-ST-ZiP		STREET ADORESS CITY-ST-ZIP	
indicated on this report or supplemental report is	true and accurate and that wered to execute this repor	my signature shall have the t as required by Chapter 600	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes, and that my name appears in Block 10 or Block 11 if

Les & K. Carder Herbert K. Andes IR

**FILED**