

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90035 042 \*\*\*150.00

**DOCUMENT # P98000036270**

1. Entity Name

**ANDREWS SQUARE ASSOCIATES, INC.**



Principal Place of Business

150 S ANDREWS AVE, STE 201  
POMPANO BEACH FL 33069

Mailing Address

150 S ANDREWS AVE, STE 201  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0831520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEBONG, PAMELA**  
150 S.W. 12TH AVENUE  
STE. 201  
POMPANO BEACH FL 33069

*SPELLING →*

**HEBDING, PAMELA**  
Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete  
NAME BERNSTEIN, ROBERT  
STREET ADDRESS 150 S. ANDREWS AVE. #200  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VTD ☐ Delete  
NAME BEERE, JOHN  
STREET ADDRESS 150 S. ANDREWS AVE. # 200  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VP ☐ Delete  
NAME HEBDING, PAMELA  
STREET ADDRESS 150 S.W. 12TH AVENUE  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Pamela HEBDING* **PAMELA HEBDING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/5*

Date

*954-785-5530*

Daytime Phone #