



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000036432 1. Entity Name ANDES GROUP, INC.	
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Principal Place of Business 4698 NW 74 AVE MIAMI, FL 33166	Mailing Address 4698 NW 74 AVE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0946402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHAFIR, HECTOR
4698 NW 74 AVE
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

DATE: 03/11/08-80026-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHAFIR, HECTOR 2465 SW 102ND PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PLENKOUICH, SANTIAGO 2465 SW 102ND PLACE MIAMI, FL 33165
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IN THIS SPACE**

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: Hector Schafir **HECTOR SCHAFIR** 02/21/2008 305.3926270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #