


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90042 039 \*\*\*150.00

<b>DOCUMENT # P98000043909</b>		
1. Entity Name <b>ANDREWS COMMERCIAL CENTER, INC.</b>		

Principal Place of Business <b>2700 ALHAMBRA CIR. MIAMI, FL 33134</b>	Mailing Address <b>2700 ALHAMBRA CIR. MIAMI, FL 33134</b>
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40013786



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

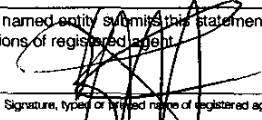
01132006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0835501</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>THOMAS, BRADFORD A 6161 BLUE LAGOON DR SUITE 350 MIAMI, FL 33126</b>	

7. Name and Address of New Registered Agent	
Name <b>Thomas, Bradford A Esq</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>Penthouse Suite, 901 Ponce de Leon Blvd</b>	
City <b>Coral Gables</b>	FL Zip Code <b>33134</b>

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 	<b>Bradford A. Thomas, Esq.</b> DATE <b>2/8/06</b>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP HOOVER, JOHN W JR 2423 ALHAMBRA CIRCLE CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HARRIS, DAVID W 2641 E ATLANTIC BV SUITE 202 POMPAÑO BEACH, FL 33062</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S HOOVER, ELIZABETH 2700 ALHAMBRA CR MIAMI, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Harris, David W 2743 NW 19th St Pompano Beach, FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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305-642-6220

**SIGNATURE:** Elizabeth G. Hoover Elizabeth Hoover 2/10/06 ext 151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #