

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000063192					
1. Entity Name LOS ANDES EXPORT & IMPORT CORP.					
Principal Place of Business 20438 SW 85 AVE. MIAMI, FL 33189			Mailing Address 20438 SW 85 AVE. MIAMI, FL 33189		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05032012 Chg-P CR2E034 (12/11)	
4. FEI Number 65-0851287				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALLEJOS, MARIA 20438 SW 85 AVE. MIAMI, FL 33189			Name 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			DATE <u>05-13-12</u>		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CACERES, RAMON 20438 SW 85 AVE. MIAMI, FL 33189	<input type="checkbox"/> Delete		05/17/12--01018--005 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VALLEJOS, MARIA 20438 SW 85 AVE. MIAMI, FL 33189	<input type="checkbox"/> Delete		900235246569 05/17/12--01018--005 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CACERES, ROBERTO 20438 SW 85 AVE. MIAMI, FL 33189	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<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.					
SIGNATURE:			DATE <u>05-13-12</u>		
Signature and typed or printed name of signing officer or director			E-MAIL ADDRESS		
A. DUNLAP			MAY 17 2012		