
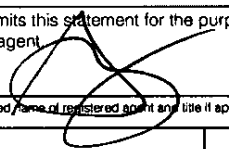
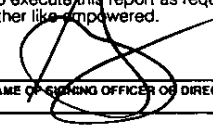


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 050 ***150.00

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # P98000079068 1. Entity Name PACTO ANDINO CORP. | | | |  | |
| Principal Place of Business 250 GIRALDA MIAMI, FL 33134 | | | Mailing Address 7600 RED ROAD SUITE 300 MIAMI, FL 33134 | | |
| 2. Principal Place of Business - No P.O. Box # 1450 NW 87th Ave. | | 3. Mailing Address 1450 NW 87th Ave. | | | |
| Suite, Apt. #, etc. Suite 210 | | Suite, Apt. #, etc. Suite 210 | | | |
| City & State Doral, FL | | City & State Doral, FL | | | |
| Zip 33172 | | Country US | | Zip 33172 | |
| Country US | | 4. FEI Number 65-0365911 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NUNEZ, ALEJANDRO ESQ 250 GIRALDA AVE. CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Nunez, Alejandro Street Address (P.O. Box Number is Not Acceptable) 1450 NW 87th Ave. Suite 210 City Doral FL Zip Code 33172 | | |
| 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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 RESTREPO, HERNANDO <input type="checkbox"/> Delete 250 GIRALDA AVENUE CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ACEVEDO, SARA JONES <input type="checkbox"/> Delete 250 GIRALDA AVENUE CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S.D Acevedo, Sara Ines <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Giralda Avenue Coral Gables, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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. | | | | | |
| SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-20-08 Daytime Phone # _____ | | |