


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000099150 1. Entity Name ANDREWS/STEPHENS, INC.	
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Principal Place of Business 331 ALMERIA AVENUE CORAL GABLES, FL 33134	Mailing Address 331 ALMERIA AVENUE CORAL GABLES, FL 33134
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02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0879933	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ANDREWS, CHERYL D 331 ALMERIA AVENUE CORAL GABLES, FL 33134

**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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, CHERYL D 331 ALMERIA AVENUE CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JIM 331 ALMERIA AVENUE CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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03/03/05-80016-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cheryl Andrews* **Cheryl Andrews** **3-1-5 305-444-40**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #