

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90092 032 ***150.00

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03112005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000022036 1. Entity Name SANCHEZ BERMELLO ANDALUSIA, INC.					
Principal Place of Business % BERMELLO AJAMIL & PARTNERS, INC. 2601 S. BAYSHORE DR., 10TH FLOOR MIAMI, FL 33133			Mailing Address % BERMELLO AJAMIL & PARTNERS, INC. 2601 S. BAYSHORE DR., 10TH FLOOR MIAMI, FL 33133		
2. Principal Place of Business 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 1000		3. Mailing Address 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 1000			
City & State Miami Florida		City & State Miami Florida		4. FEI Number 65-0905644	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRATSTAE RESGISTERED AGENT CORP. 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME BERMELLO, WILLY A STREET ADDRESS 2601 BAYSHORE DR., 10TH FLOOR CITY-ST-ZIP MIAMI, FL 33131			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME SANCHEZ, RAFAEL A STREET ADDRESS 9540 JOURNEYS END ROAD CITY-ST-ZIP CORAL GABLES, FL 33156			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Willy A. Bermello</u> Willy A. Bermello 4/12/05 305-860 3709 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					