

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000023654

1. Entity Name
ANDIAMO A CASA, INC.



Principal Place of Business

9500 SW 80TH COURT
MIAMI, FL 33156

SAME AS MAILING

Mailing Address

241 UNIVERSITY DR
CORAL GABLES, FL 33134

04 MAY 11 PM 1:00



05102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0938915

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, ROSA
241 UNIVERSITY DR
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: _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME MARTINEZ, JESUS A
STREET ADDRESS 370 SAN LORENZO AVE, STE 2460
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME MARTINEZ, JESUS A
STREET ADDRESS 370 SAN LORENZO AVE, STE 2460
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

500037045125
05/24/04--01079--003 **150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May/04 (786) 2871123