2005 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNOAL	REPORT						
DOCUMENT # P9900023654					FILED			
1. Entity Name ANDIAMO A CASA, INC.				0	05 AUG 30 PH 12: 39			
Principal Place of Business Mailing Address			The same of		SLUKE : AKY OF STATE			
241 UNIVERSITY DR. 241 UNIVERSITY DR.			_	,	ILLAHASSE	E, FLORIDA		
COKAT DEBT	ES_FL \33134	CORAL GABLES, FL 33134		1 10000100011 210	I I I I I I I I I I I I I I I I I I I	in co ne meso into suos sun e	*CHES* >1 (OE)	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			a Hve		Ch- D	CDOE004 (40/00)		
Smite #1350 Smite #13			50	08252005 Y 4. FEI Number	Chg-P	CR2E034 (10/03)	pplied For	
Coval gables IL coral gar			sles, F	65-093		N	lot Applicable	
233 1	44 Country USA	33144	Oountry SA	<u> </u>	of Status Desired	S8.75 Ac		
6. Name and Address of Current Registered Agent Name				7. Name and	7. Name and Address of New Registered Agent			
BETANCOURT, ROSA 241 UNIVERSITY OR Street Address (CORAL GABLES, FL 33134				idress (P.O. Box Numb	ar is Not Acceptabl	e)		
				0 41+21	Altara Are Suite #1350			
choral Schled R. FL 210 333146								
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) DAYE								
FILE NOWI!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Corporation did not receive the prior notice.							, F.S., the notice.	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE NAME	PVST MARTINEZ, JESUS A	Delete	TITLE NAME	250 Al	ara A	ve Change		
STREET ADDRESS CITY-ST-ZIP	370 SAN LORENZO AVE, STE 24 CORAL GABLES VEL 33148	STREET ADDRESS CITY-ST-ZIP	Suite #	1350	coralga	bles, The		
TITLE	D	☐ Delete	TITLE	250 Alto	ara Av	e □ Change	☐ Addition	
name Street address	MARTINEZ, JESUS A 370 SAN LORENZO AVE, \$TEJ2480			Suite #	Suite #1350 - Coral gables. HL			
CITY-ST-ZIP	CORAL CABLES, AL 33148. / Delete					<i>33146</i> 386 92 3025 **13	Addition	
NAME		Li seise	TITLE NAME	09/0	7/050102	3000025 3025 **13	50.00	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
name Street address			NAME STREET ADDRESS		\ A	1) 21		
CITY-ST-ZIP	•	П	CITY-ST-ZIP	<u></u>	<i>D.</i> .	12/30 Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME		b	(Change	Auditori	
STREET ADDRESS CITY-ST-ZIP		1	STREET ADORESS CITY-ST-ZIP		•			
12. I hereby certify that the information supplied with the 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 the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director								
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If unfor certify that the information indicated on this report or supplemental report is two 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 exprovered 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 air address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPESON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND TYPESON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date								
SIGNAT	TURE:	RINTED NAME OF SIGNING OFFICER OF	DIRECTOR	KU	Date	Daytime Phone	(1 1 00)	