

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 05  
Sec

DOCUMENT # P99000067889

1. Entity Name  
ANDES TOURS CORP.



Principal Place of Business

14200 W. DIXIE HWY  
MIAMI, FL 33161-2533

Mailing Address

3056 NW 5TH STREET  
MIAMI, FL 33125



08312006 : No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0945964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALBRECHT, RONALD  
1486 SAN PIPER CIRCLE W.  
MIAMI, FL 33327

**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.

000000576167  
09/05/06-80011-020 150.00

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 6, 2006**

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 PD  
NAME ALBRECHT, RONALD  
STREET ADDRESS 1486 SAN PIPER CIRCLE W.  
CITY-ST-ZIP MIAMI, FL 33327

TITLE SD  
NAME ABLRECHT, LILIANA  
STREET ADDRESS 1486 SAND PIPER CIR  
CITY-ST-ZIP WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Ronald Albrecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2006 954 588 0709

Date

Daytime Phone #