

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P99000096496</b>                |  |
| 1. Entity Name<br><b>ANDEL INVESTMENT INC</b> |                                                                                   |

|                                                                                        |                                                                  |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>4631 NORTHWEST 94TH COURT<br/>MIAMI, FL 33178 US</b> | Mailing Address<br><b>P.O. BOX 720128<br/>MIAMI, FL 33172 US</b> |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------|



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0964666</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>LAZO, DELIA R<br/>4631 NORTHWEST 94TH COURT<br/>MIAMI, FL 33178</b> |
|-------------------------------------------------------------------------------------------------------------------------------|

**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 *Delia R. Lazo*  
**DELIA R. LAZO**  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LAZO, DELIA R<br/>4631 NORTHWEST 94TH COURT<br/>MIAMI, FL 33178</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LAZO, ANGEL A<br/>4631 NORTHWEST 94TH COURT<br/>MIAMI, FL 33178</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |

000000421122  
02/16/06-80022-024 150.00

**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: *ANGELA LAZO* **ANGELA LAZO** 01/31/06 305 463 8670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #