

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000105526 1. Entity Name ANDEAN ARTS & CRAFTS OF WEST PALM BEACH, INC.					
Principal Place of Business 2613 NO. FEDERAL HWY DELRAY BEACH FL 33483			Mailing Address 2613 NO. FEDERAL HWY DELRAY BEACH FL 33483		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0965834 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent HERRERA, CARLOS E 1303 NIANTIC TERRACE WELLINGTON FL 33414				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 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HERRERA, CARLOS E 3416 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VIGOYA, MERY E 3416 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 file empowered.				U000000319651 04/21/05-80008-005 150.00	
SIGNATURE: _____				04-18-05 561-317-1801	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	