

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

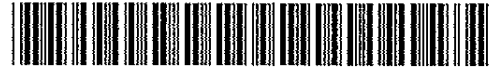
DOCUMENT # P99000105526

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**



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965834

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERRERA, CARLOS E
1303 NIANTIC TERRACE
WELLINGTON, FL 33414**

**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
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 PS
NAME HERRERA, CARLOS E
STREET ADDRESS 3416 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VTD
NAME VIGOYA, MERY E
STREET ADDRESS 3416 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000453528
03/14/06-80024-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-06

Date

561-279-1279

Daytime Phone #