2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V38651

FILED Mar 05, 2009 Secretary of State

Entity Name: ANDREA'S QUALITY CHEESECAKE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	EWATER DR , FL 32810	VE		
urrent Ma	ailing Addre	ss:	New Mailing Addres	ss:
	EWATER DR , FL 32810	VE		
El Number:	59-3137827	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	E, TOSCA T.			
	EWATER DR , FL 32810	IVE US		
RLANDO he above	EWATER DR , FL 32810	US	urpose of changing its registere	ed office or registered agent, or both,
RLANDO he above i the State	EWATER DR P, FL 32810 named entity of Florida.	US	urpose of changing its registere	ed office or registered agent, or both,
RLANDO he above the State	EWATER DR	US		ed office or registered agent, or both, Date
RLANDO the above the State	eWATER DR I, FL 32810 Inamed entity I of Florida. RE: Electro	US submits this statement for the pu		
PRLANDO The above In the State GIGNATUR	eWATER DR I, FL 32810 Inamed entity I of Florida. RE: Electro	US submits this statement for the punic Signature of Registered Ageing Trust Fund Contribution ().	nt	
RLANDO he above the State IGNATUR	ewATER DR Property Florida. RE: Electro Electro END DIRECTO	US submits this statement for the purice Signature of Registered Agelog Trust Fund Contribution (). CTORS:) Delete COSCA T	nt	Date
RLANDO he above the State IGNATUR ection Carr FFICERS tte: ame: ddress:	eWATER DR FL 32810 named entity of Florida. RE: Electro paign Financin AND DIRECTOR MANFREDE, T 940 2ND STRE CLERMONT, F	Submits this statement for the purice Signature of Registered Agency Trust Fund Contribution (). CTORS:) Delete OSCA T EET IL 34711) Delete DREA M EET	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOSCA MANFREDE P 03/05/2009