


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # V73185
 1. Entity Name
ANDEAN TOWER, INC.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
7220 NW 36TH ST PH 627 MIAMI, FL 33133 US	7220 NW 36TH ST PH 627 MIAMI, FL 33133 US

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07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0363885	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIND, RICHARD J
 2551 TIGERTAIL AVE
 MIAMI, FL 33133

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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.

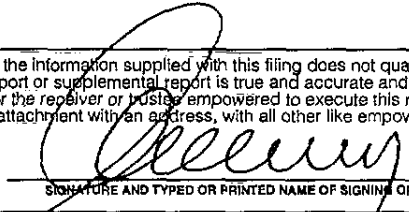
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORTIZ, PATRICIO C 7220 NW 36TH ST, PH 627 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAVEZ, MILTON M 7220 NW 36TH ST, PH 627 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAVEZ, MILTON M 7220 NW 36TH ST, PH 627 MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  **07/08/05** **305 591 5838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #