


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000023650
1. Entity Name
PHOTOGRAPHY BY LUIS, INC.



Principal Place of Business
321 SW 30 AVE
MIAMI, FL 33135-2711

Mailing Address
321 SW 30 AVE
MIAMI, FL 33135-2711



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0480848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, LUIS
321 SW 30 AVE
MIAMI, FL 33135-2711

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000626686
02/15/07-80030-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, LUIS
STREET ADDRESS	321 SW 30 AVE
CITY-ST-ZIP	MIAMI, FL 331352711
TITLE	D
NAME	GONZALEZ, MILAGROS C
STREET ADDRESS	321 SW 30 AVE
CITY-ST-ZIP	MIAMI, FL 331352711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Luis Gonzalez* **LUIS GONZALEZ** 2/1/07 (305) 342-5358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #