

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # P94000027729

1. Entity Name
LUIS & COMPANY, INC.



Principal Place of Business

**30 NE 1 ST
SUITE 3
MIAMI, FL 33132 US**

Mailing Address

**30 NE 1 ST
SUITE 3
MIAMI, FL 33132 US**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0694528

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHIENBAUM, GOLDIE
8877 COLLINS AVE
MIAMI BEACH, FL 33154**

**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 *Goldie Shienbaum*

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

(NOTE: Registered Agent signature required when restate)

DATE

1/5/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SHIENBAUM, GOLDIE
8877 COLLINS AVE 902
MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHIENBAUM, LUIS
8877 COLLINS AVE 902
MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHIENBAUM, GREGG
8877 COLLINS AVE 902
MIAMI BEACH, FL**

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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01/09/08-80011-014 150.00

**DO NOT WRITE
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: *Goldie Shienbaum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/5/08

305-373-3918