

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041722

FILED
May 28, 2009
Secretary of State

Entity Name: LUIS HINES & ASSOCIATES, P.A.

Current Principal Place of Business:

1250 SW 27 AVENUE
STE 404
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1250 SW 27 AVENUE
STE 404
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-1003822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, LUIS
14005 JEFFERSON ST
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: HINES, LUIS SR. PHD
Address: 14005 JEFFERSON STREET
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: HINES, GWENDOLYN
Address: 14005 JEFFERSON ST.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GWENDOLYN HINES

P

05/28/2009

Electronic Signature of Signing Officer or Director

_____ Date