

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90406 011 ***150.00

DOCUMENT # P00000099449

1. Entity Name
LUIS E.C. COMPANY, INC.



Principal Place of Business
**1090 NIGHTINGALE AVE
MIAMI SPRINGS, FL 33166**

Mailing Address
**1090 NIGHTINGALE AVE
MIAMI SPRINGS, FL 33166**



04112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1066140

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELERA, LUIS
1090 NIGHTINGALE AVENUE
MIAMI SPRINGS, FL 33166**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PCEO
ELERA, LUIS E
1090 NIGHTINGALE AVE
MIAMI SPRINGS, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELERA, LUIS E
1090 NIGHTINGALE AVE
MIAMI SPRINGS, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXD
VILLANES, JUAN
1090 NIGHTINGALE AVE
MIAMI SPRINGS, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXD
TALLEDO, CARLOS
1090 NIGHTINGALE AVE
MIAMI SPRINGS, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXD
COSTA ROSENBERG, JORGE E
4485 S.W. 7TH STREET
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #