

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016688

FILED  
Jan 26, 2010  
Secretary of State

**Entity Name:** CARLOS LUIS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6001 SW 40 STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6001 SW 40 STREET  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 46-0466099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIGUERAS, JUAN E ESQ  
7050 SW 86TH AVENUE  
MIAMI, FL 33143 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: LUIS, CARLOS  
Address: 8741 SOUTHWEST 102 STREET  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: CARLOS LUIS

PRES

01/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date