

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016688

FILED
Feb 22, 2011
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

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 J. LUIS

PRES

02/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date