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Feb 12, 2004 8:00 am
Secretary of State

02-02-2004 90040 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115575

1. Entity Name
LUIS TOUS, P.A.

66401851

Principal Place of Business	Mailing Address
233 E BASY STREET STE 901 JACKSONVILLE, FL 32202	233 E BASY STREET STE 901 JACKSONVILLE, FL 32202

2. Principal Place of Business	3. Mailing Address
6320 St. Augustine Road	SAME
Suite, Apt. #, etc.: Suite 11	Suite, Apt. #, etc.
City & State: Jacksonville Florida	City & State
Zip: 32217 / Country: USA	Zip / Country

01302004 Chg-P CR2E034 (10/03)

4. FEI Number: 71-0913967 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOUS, LUIS 233 E BASY STREET STE 901 JACKSONVILLE, FL 32202	Name: Street Address (P.O. Box Number is Not Acceptable): 6320 St Augustine Rd. Suite 11 City: Jacksonville FL Zip Code 32217

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] January 31, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOUS, LUIS 233 E BASY STREET STE 901 JACKSONVILLE, FL 32202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Tous, Luis 6320 St. Augustine Rd, Suite 11 Jacksonville, FL 32217 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #