

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State

05-04-2004 90116 042 ***150.00

DOCUMENT # P03000038438

1. Entity Name

MICHAEL A. LUIS P.A.



Principal Place of Business

2761 WEST TRADE AVENUE
COCONUT GROVE FL 33133

Mailing Address

2761 WEST TRADE AVENUE
COCONUT GROVE FL 33133

66427340



MOORE CR2E034 (11/03)

2. Principal Place of Business

2728 SW 24 Ave
Suite, Apt. #, etc. C

3. Mailing Address

2728 SW 24 Ave
Suite, Apt. #, etc. C

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

4. FEI Number

41-2088953

Applied For

Not Applicable

Zip

33133

Country

Dade

Zip

33133

Country

Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUIS, MICHAEL A
2761 WEST TRADE AVENUE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Michael A LUIS P.A.

Street Address (P.O. Box Number is Not Acceptable)
2728 SW 24 Ave Ste C

City Coconut Grove FL Zip Code 33133

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LUIS, MICHAEL A
STREET ADDRESS 2761 WEST TRADE AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 3058541717
Date Daytime Phone