

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068728

Entity Name: LUIS INSURANCE, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

6020 BIRD ROAD, SUITE 1
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6020 BIRD ROAD, SUITE 1
MIAMI, FL 33155

New Mailing Address:

FEI Number: 54-2114870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUERAS, JUAN E
7050 SW 86TH AVE.
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: VTD () Delete
Name: LUIS, PABLO J
Address: 4520 SANTA MARIA ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: PSD () Delete
Name: LUIS, MARGIE M
Address: 4520 SANTA MARIA ST.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARGIE LUIS

PRES

03/20/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date