## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000107510

FILED Sep 29, 2004 Secretary of State

<b>Entity Nam</b>	ne: LUIS FLO	ORING, INC.				
Current Pr	incipal Place	of Business:	New Prince	cipal Place of Business:		
	NOLL PLACE ARK, FL 3279:	2 US				
Current Ma	ailing Address	s:	New Maili	ing Address:		
	NOLL PLACE ARK, FL 3279:	2 US				
FEI Number:	81-0633373	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	LUIS INOLL PLACE ARK, FL 3279:	2 US				
The above in the State		ubmits this statement for th	e purpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electroni	c Signature of Registered A	\gent	Date		
		(2)(b), F.S., the corporation did Trust Fund Contribution ( ).	not receive the prior notic	ce.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I ROSALES, LUIS 7778 FOXKNOLI WINTER PARK,	L PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( )   ROSALES, JORG 7778 FOXKNOLI WINTER PARK,	L PLACE	Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition ROSALES, ANA 7778 FOXKNOLL PLACE WINTER PARK, FL 32792 US		
Title: Name: Address: City-St-Zip:	S (X) ROSALES, JAVII 7778 FOXKNOLI WINTER PARK,	L PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address:	T (X) ROSALES, ANN 7778 FOXKNOLI		Title: Name: Address:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: LUIS ROSALES PRES 09/29/2004

WINTER PARK, FL 32792 US

City-St-Zip: