

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


7/A

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90023 034 \*\*\*150.00

**DOCUMENT # P03000148305**

1. Entity Name  
**LUIS A. DISCUA SERVICES, INC.**



Principal Place of Business      Mailing Address  
**509 FRANKLIN ROAD**      **509 FRANKLIN ROAD**  
**WEST PALM BEACH, FL 33405 US**      **WEST PALM BEACH, FL 33405 US**

**66025426**



2. Principal Place of Business      3. Mailing Address  
**1820 15th AVE NORTH**      **1820 15TH AVE NORTH**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07052005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**LAKE WORTH, FL**      **LAKE WORTH, FL**

4. FEI Number      Applied For  
**20-0466192**       Not Applicable

Zip      Country      Zip      Country  
**33460**      **USA**      **33460**      **USA**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DISCUA, LUIS A**  
**509 FRANKLIN ROAD**  
**WEST PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent  
 Name  
**DISCUA, LUIS A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1820 15TH AVE NORTH**  
**LAKE WORTH, FL 33460**  
 City      State      Zip Code  
**LAKE WORTH**      **FL**      **33460**

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:       DATE: 6/30/05

Signature, in blue or black ink, of registered agent and fee if applicable.      (NOTE: Registered Agent signature required when reinstating)


**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete DISCUA, LUIS A 509 FRANKLIN ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete DISCUA, BETTY A 509 FRANKLIN ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DISCUA, LUIS A 1820 15TH AVE NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DISCUA, BETTY A 1820 15th AVE NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:       **LUIS A. DISCUA**  
 President      Date: 06/30/05      Daytona Phone #: 561-543-7710

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytona Phone #

ATTACHMENT  
66025426

1820 15<sup>th</sup> Ave North  
Lake Worth, FL 33460  
July 26, 2005

Florida Department of State  
Division of Corporations  
PO BOX 6327  
TALLAHASSEE, FL 32314

**RE: LUIS A DISCUA SERVICES, INC.**  
**P03000148305**

This is a request to have the annual report *late fee* waved. As indicated on the submitted annual report, I did not receive the notice to renew in accordance with s. 607.193(2)(b) F.S.

Please review my uniform business report once again, and inform me if my request to waive the late fee is granted.

Sincerely,



Luis A. Discua,  
President