


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # P04000059402 1. Entity Name LUYANDA INSURANCE SERVICES, INC	
---	---

Principal Place of Business 1007 TRAVERTINE TERR SANFORD, FL 32771	Mailing Address 1007 TRAVERTINE TERR SANFORD, FL 32771
--	--

DO NOT WRITE IN THIS SPACE



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1125770	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent LUYANDA, JOSE H 1007 TRAVERTINE TERR SANFORD, FL 32771
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LUYANDA, MARIA O 1007 TRAVERTINE TERR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUYANDA, JOSE H 1007 TRAVERTINE TERR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LUYANDA, MARIA O 1007 TRAVERTINE TERR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LUYANDA, JOSE H 1007 TRAVERTINE TERR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000765415
06/01/07-80004-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Maria Luyanda</u> / Maria Luyanda <u>5/21/07</u> <u>407-782-3731</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>