2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# P04000059402

Entity Name: LUYANDA INSURANCE SERVICES, INC

Current Principal Place of Business:

1007 TRAVERTINE TERR
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1007 TRAVERTINE TERR
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-1125770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUYANDA, JOSE H
1007 TRAVERTINE TERR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

LUYANDA, MARIA
1007 TRAVERTINE TERR
SANFORD, FL 32771 US

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: MARIA LUYANDA 02/24/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LUYANDA, MARIA O
Address: 1007 TRAVERTINE TERR
City-St-Zip: SANFORD, FL 32771

Title: VP
Name: LUYANDA, JOSE H
Address: 1007 TRAVERTINE TERR
City-St-Zip: SANFORD, FL 32771

Title: PTD
Name: LUYANDA, MARIA O
Address: 1007 TRAVERTINE TERR
City-St-Zip: SANFORD, FL 32771

Title: VPS
Name: LUYANDA, JOSE H
Address: 1007 TRAVERTINE TERR
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: MARIA LUYANDA P 02/24/2011
Electronic Signature of Signing Officer or Director Date