2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90192 014 ***150.00

DOCUMENT # P04000161653

1. Entity Name
LUIS RICHARD INSTALLATION INC.

Principal Place of Business	Mailing Address
4928 HOLLYWOOD BLVD. #19 HOLLYWOOD, FL 33021	4928 HOLLYWOOD BLVD. #19 HOLLYWOOD, FL 33021

04152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1450 NE 170 STREET		1450 NE 170 STREET	
Suite, Apt. #, etc. #208		Suite, Apt. #, etc. #208	
City & State NORTH MIAMI BEACH		City & State NORTH MIAMI BEACH	
Zip 33162	Country US	Zip 33162	Country US

4. FEI Number 20-1890102 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD, LUIS
4928 HOLLYWOOD BLVD. #19
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1450 NE 170 STREET #208
City NORTH MIAMI BEACH FL Zip Code 33162

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARD, LUIS 4928 HOLLYWOOD BLVD. #19 HOLLYWOOD, FL 33021 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1450 NE 170 STREET #208 NORTH MIAMI BEACH FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #