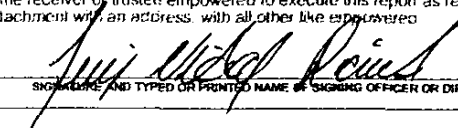


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 4928 HOLLYWOOD BLVD. #19 HOLLYWOOD, FL 33021			Mailing Address 4928 HOLLYWOOD BLVD. #19 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 1450 NE 170 STREET		3. Mailing Address 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		4. FET Number 20-1890102	
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 _____ (NOTE: Registered Agent signature required when re-registering) 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 P	NAME RICHARD, LUIS		☐ Delete		
STREET ADDRESS 4928 HOLLYWOOD BLVD. #19	CITY-ST-ZIP HOLLYWOOD, FL 33021		TITLE 1450 NE 170 STREET #208	☒ Change ☐ Addition	
STREET ADDRESS HOLLYWOOD, FL 33021	CITY-ST-ZIP NORTH MIAMI BEACH FL 33162		☐ Change ☐ Addition		
TITLE NAME	☐ Delete		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME	☐ Delete		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME	☐ Delete		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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 exposures.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					