

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045258

Entity Name: LUIS A LUZURIAGA P.A.

FILED  
Jul 04, 2007  
Secretary of State

**Current Principal Place of Business:**

890 SUN DRIVE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

7677 DR. PHILLIPS BLVD.,  
SUITE 200  
ORLANDO, FL 32819 US

**Current Mailing Address:**

4134 MAIDU CT.  
ST. CLOUD, FL 34772

**New Mailing Address:**

4134 MAIDU CT.  
ST. CLOUD, FL 34772 US

FEI Number: 20-2580506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUZURIAGA, LUIS A  
4134 MAIDU CT.  
ST. CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LUZURIAGA, LUIS A  
Address: 4134 MAIDU CT.  
City-St-Zip: ST. CLOUD, FL 34772 OS

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUIS A. LUZURIAGA

P

07/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date