


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90017 014 ***150.00

DOCUMENT # P07000103832
 1. Entity Name
LUIS SIERRA SOCIAL CLUB INC



Principal Place of Business Mailing Address
 721 EAST 9 ST 962 EAST 18 ST
 HIALEAH FL 33010 HIALEAH FL 33013



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

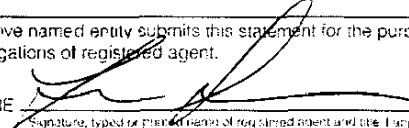
1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 26-1095292 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIERRA, LUIS
 721 EAST 9 ST
 HIALEAH FL 33010

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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:  DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when re-appointing)

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	Delete
NAME: SIERRA, LUIS	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS: 721 EAST 9 ST		
CITY-ST-ZIP: HIALEAH FL 33010		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 charged, or on an attachment with an address, with another like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/08 7864447031