

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000082691

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** LOUISVILLE MIAMI CORPORATION

**Current Principal Place of Business:**

8770 SUNSET DRIVE  
531  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

8770 SUNSET DRIVE  
531  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-0924738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRICARTE, LOUIS M  
8770 SUNSET DRIVE  
531  
MIAMI, FL 33173 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARRICARTE, LOUIS M  
Address: 8770 SUNSET DRIVE 531  
City-St-Zip: MIAMI, FL 33173

Title: D  
Name: CARRICARTE, MICHAEL A  
Address: 8770 SUNSET DRIVE 531  
City-St-Zip: MIAMI, FL 33173

Title: DS  
Name: CARRICARTE, JENNIFER  
Address: 8770 SUNSET DRIVE 531  
City-St-Zip: MAIMI, FL 33173

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: LOUIS M CARRICARTE

PD

04/20/2012

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

\_\_\_\_\_  
Date