## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # P98000007131** LUIS ESCANDELL, INC. Principal Place of Business Mailing Address 7460 WEST 17 AVENUE 7460 WEST 17 AVENUE HIALEAH, FL 33014 HIALEAH, FL 33014 01252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0810875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **ESCANDELL, LUIS** DO NOT WRITE 7460 WEST 17 AVENUE HIALEAH, FL 33014 IN THIS SPACE 3. 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. 1 am lamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ESCANDELL, LUIS STREET ADDRESS 7460 WEST 17 AVENUE CITY-ST-ZIP HIALEAH, FL 33014 U000000498545 TITLE 04/22/06-80099-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND FYFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/06

(305) 823-575-7

**FILED** 

Dayoma Phone #