

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/ **FILED**
Aug 13, 2008 8:00 am
Secretary of State

07-17-2008 90060 014 ***158.75

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1. Entity Name
"LUIS" PROSTHETIC FABRICATION, INC.



Principal Place of Business
15909 NW 49TH AVE
MIAMI GARDENS, FL 33014

Mailing Address
15909 NW 49TH AVE
MIAMI GARDENS, FL 33014

66015914



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0953147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONTALVO, LUIS A
15909 NW 49TH AVE
MIAMI GARDENS, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

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

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTALVO, LUIS A
STREET ADDRESS	15909 NW 49TH AVE
CITY- ST- ZIP	MIAMI GARDENS, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 filers empowered.

SIGNATURE: Luis A. Montalvo

Luis A. Montalvo

8-8-08 (305) 622-3913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #