


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90029 014 \*\*\*150.00

**DOCUMENT # V38769**

1. Entity Name  
**DON LUIS, INC.**



**60006113**



Principal Place of Business  
**1155 BELLE MEADE ISLAND**  
**MIAMI, FL 33138 US**

Mailing Address  
**150 SE 2ND AVENUE**  
**STE 1200**  
**MIAMI, FL 33131 US**

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

3. Mailing Address  
**1001 BRICKELL BAY DRIVE**  
**STE1400**  
 City & State  
**MIAMI, FL 33131**

City & State  
**MIAMI, FL 33131**

4. FEI Number  
**65-0420925**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSEN, BORIS**  
**150 SE 2ND AVE. STE. 1200**  
**MIAMI, FL 33131**

01092007 Chg-P CR2E034 (12/06)

7. Name and Address of New Registered Agent  
 Name  
**ROSEN, BORIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1001 BRICKELL BAY DRIVE STE 1400**  
 City  
**MIAMI, FL** Zip Code  
**33131**

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 *Rosa R De Picasso* DATE **1-17-07**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DE PICASSO, ROSA R 1155 BELLE MEADE ISLAND MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Rosa R De Picasso* **ROSA R DE PICASSO** DATE **1/24/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR