

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000020129

**Entity Name:** LUIS NECUZE INSURANCE AGENCY, INC.

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC5867870878**

**Current Principal Place of Business:**

8290 SW 40TH STREET  
SUITE 106  
MIAMI, FL 33155-3351

**Current Mailing Address:**

8290 SW 40TH STREET  
SUITE 106  
MIAMI, FL 33155-3351 US

**FEI Number: 65-0984931**

**Certificate of Status Desired: No**

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

NECUZE, LUIS A  
8290 SW 40TH STREET  
SUITE 106  
MIAMI, FL 33155-3351 US

*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

**Officer/Director Detail :**

Title	P	Title	S
Name	NECUZE, LUIS A	Name	NECUZE, ANA M
Address	8290 SW 40TH STREET, SUITE 106	Address	9250 SW 118 TERRACE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33176

*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: LUIS NECUZE**

**PRESIDENT**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date