

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000016688

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

**Current Principal Place of Business:**

6001 SW 40 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

6001 SW 40 STREET  
MIAMI, FL 33155

**FEI Number: 46-0466099**

**Certificate of Status Desired: No**

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

FIGUERAS, JUAN EESQ  
7050 SW 86TH AVENUE  
MIAMI, FL 33143 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 PTSD  
Name LUIS, CARLOS  
Address 8741 SOUTHWEST 102 STREET  
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: CARLOS LUIS**

**PTSD**

**01/27/2023**

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

\_\_\_\_\_  
Date