

2015 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

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date