

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068728

Entity Name: LUIS INSURANCE, INC.

Current Principal Place of Business:

6851 BIRD ROAD
MIAMI, FL 33155

Current Mailing Address:

6851 BIRD ROAD
MIAMI, FL 33155

FEI Number: 54-2114870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUIS, MARGIE M
6851 BIRD ROAD
MIAMI, FL 33155 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 PVST
Name LUIS, MARGIE M
Address 6851 BIRD ROAD
City-State-Zip: MIAMI FL 33155

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: MARGIE LUIS

PRESIDENT

05/02/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date