

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000012843

**Entity Name:** LUIS ANGEL DESIGNS, INC.

**Current Principal Place of Business:**

344 FIFTH AVENUE  
SUITE 2  
INDIALANTIC, FL 32903

**Current Mailing Address:**

344 5TH AVENUE  
SUITE @  
INDIALANTIC, FL 32903

**FEI Number:** 32-0232541

**Certificate of Status Desired:** No

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

LEVY-MAGANA, VICKI L MGR  
344 5TH AVE  
#2  
INDIALANTIC, FL 32903 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  
Name LEVY, JOAN  
Address 250 ROSE CUP LANE  
City-State-Zip: INDIALANTIC FL 32903

Title VP  
Name LEVY, JOAN  
Address 250 ROSE CUP LANE  
City-State-Zip: INDIALANTIC FL 32903

Title S  
Name LEVY, JOAN  
Address 250 ROSE CUP LANE  
City-State-Zip: INDIALANTIC FL 32903

Title T  
Name LEVY-MAGANA, VICKI  
Address 344 FIFTH AVENUE  
SUITE 2  
City-State-Zip: INDIALANTIC FL 32903

*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:** VICKI LEVY-MAGANA

TRES.

01/18/2016

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

\_\_\_\_\_  
Date