

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000067125

**Entity Name:** LUIS COLON CORP

**Current Principal Place of Business:**

8167 LEAFCREST DR  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8167 LEAFCREST DR  
JACKSONVILLE, FL 32244 US

**FEI Number:** 83-1456649

**Certificate of Status Desired:** No

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

COLON, LUIS  
8167 LEAFCREST DR  
JACKSONVILLE, FL 32244 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 COLON, LUIS  
Address 8167 LEAFCREST DR  
City-State-Zip: JACKSONVILLE FL 32244

*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 COLON

**PRESIDENT**

**04/26/2019**

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

\_\_\_\_\_ Date