

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000067511

**Entity Name:** LUXAIRE CENTER INC

**Current Principal Place of Business:**

1200 FLIGHT LINE BLVD  
STE 4  
DELAND, FL 32724

**Current Mailing Address:**

1200 FLIGHT LINE BLVD  
STE 4  
DELAND, FL 32724 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALEJO, MARIO JR  
345 E BERESFORD AVE  
DELAND, FL 32724 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	ALEJO, MARIO JR
Address	345 E BERESFORD AVE
City-State-Zip:	DELAND FL 32724
Title	O
Name	IBRAHIM, BISHOY
Address	1200 FLIGHT LINE BLVD STE 4
City-State-Zip:	DELAND FL 32724
Title	O
Name	LATCHAW, THEODORE JR
Address	121 WILEY AVE
City-State-Zip:	DELAND FL 32724

Title	O
Name	CUMMINGS, CALEB
Address	3181 LAKE HELEN OSTEEN RD
City-State-Zip:	DELTONA FL 32738
Title	O
Name	ZERBE, MONTE
Address	1029 ADAMS DR
City-State-Zip:	KEY LARGO FL 33037

*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:** MARIO ALEJO

**PRESIDENT**

**03/31/2025**

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

\_\_\_\_\_  
Date