

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000074278

**Entity Name:** LUACES PROFESSIONAL SERVICES CORP.

**Current Principal Place of Business:**

335 SW 97 COURT  
MIAMI, FL 33174

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**0956477144CC**

**Current Mailing Address:**

335 SW 97 COURT  
MIAMI, FL 33174 US

**FEI Number: 92-0519375**

**Certificate of Status Desired: No**

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

LUACES, AMPARO  
335 SW 97 COURT  
MIAMI, FL 33174 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            DIRECTOR  
Name            LUACES, AMPARO A  
Address        335 SW 97 COURT  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            LUACES, LUIS E  
Address        335 SW 97 COURT  
City-State-Zip: MIAMI FL 33174

*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: AMPARO LUACES**

**DIRECTOR**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date