


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H03712 1. Entity Name EDSUN LIGHTING FIXTURE MANUFACTURING, CORP.	
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Principal Place of Business 569 WEST 17TH STREET HIALEAH, FL 33010	Mailing Address P.O. BOX 650861 MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2845510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Disc. rec. <input type="checkbox"/>	\$8.75 Additions Fee Required

6. Name and Address of Current Registered Agent GARCIA, GUILLERMINA 11501 SW 34 LANE MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent Signature required when necessary)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$554.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, CORNELIO 569 WEST 17TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, GUILLERMINA 569 WEST 17TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORAITIS, ISABEL 569 WEST 17TH STREET HIALEAH, FL 33010
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01/15/04-80016-007 150.00

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12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the changed, or on an attachment with an address, with all other like employees.

SIGNATURE:  **1/09/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR