


**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90028 030 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # H03712**  
 1. Entity Name  
**EDSUN LIGHTING FIXTURE MANUFACTURING, CORP.**



Principal Place of Business  
**569 WEST 17TH STREET  
 HIALEAH, FL 33010**

Mailing Address  
**P.O. BOX 650861  
 MIAMI, FL 33165**



2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-2545510**

(Applicable For MIS)  (Not Applicable)

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Add-on Fee Required

6. Name and Address of Current Registered Agent  
**GARCIA, GUILLERMINA  
 11501 SW 34 LANE  
 MIAMI, FL 33166**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip **33166**

8. 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, family member, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer (Applicable) (NOTE: Registered Agent signature required when re-certifying)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	<b>PO GARCIA, CORNELIO</b>	<b>569 WEST 17TH STREET HIALEAH, FL 33010</b>	<input checked="" type="checkbox"/> Delete		
	<b>VO GARCIA, GUILLERMINA</b>	<b>569 WEST 17TH STREET HIALEAH, FL 33010</b>	<input type="checkbox"/> Delete	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>STD MORANIS, ISABEL</b>	<b>569 WEST 17TH STREET HIALEAH, FL 33010</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(i), 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. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists approved.

SIGNATURE:  **STD** **1/14/05** **305-888-8849**

Typed or printed name of signing officer or director