

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2645510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
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**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000756603  
05/23/07-80037-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GARCIA, GUILLERMINA  
STREET ADDRESS 569 WEST 17TH STREET  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE STD  
NAME MORAITIS, ISABEL  
STREET ADDRESS 569 WEST 17TH STREET  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (305) 888-9506  
Date Daytime Phone #