## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State

Fee Required

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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

03272008	No Chg-P	CR2E034 (11/05)					
4. FEI Number				Applied For			
59-2645	510			Not Applicable			
5. Certificate of	Status Desired	П	\$8.75	Additional			

6.	Name	and Address	of	Current	Red	aistered	Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A. 2 SOUTH BISCAYNE BLVD. SUITE 3550 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	If applicable (NOTE Recurters	d Agent eignatus	required when reinstating)	DATE
		moppings. (note regarde	o rigani signizian	reduied week towards (g)	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution</li> </ol>	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			. <u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, GUILLERMINA 569 WEST 17TH STREET HIALEAH, FL 33010				000000831450 04/23/08-80025-025 150.00
THILE NAME STREET ADDRESS CITY-ST-ZIP	STD MORAITIS, ISABEL 569 WEST 17TH STREET HIALEAH, FL 33010				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·

12. Thereby 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 trusted 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 accuracy and less, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR