

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90227 015 ***150.00

DOCUMENT # *P0100008112*
1. Entity Name
*LIGHTING THE WAY
ENTERPRISES, INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8405 N.W. 66 ST.
Suite, Apt. #, etc.

3. Mailing Address
8405 N.W. 66 ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1135441

Applied For
Not Applicable

Zip
33166 Country
U.S.A.

Zip
33166 Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HY ASH
Street Address (P.O. Box Number is Not Acceptable)
8405 NW 66 ST.
City
MIAMI, FL Zip Code
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 familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4-2-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
D.P.S.T.
NAME
HY ASH
STREET ADDRESS
8405 NW 66 ST.
CITY - ST - ZIP
MIAMI, FL. 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-2-03 305-542-
3337
Daytime Phone #

CR2E034B (12/02)