

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10488

FILED
Apr 19, 2005
Secretary of State

Entity Name: LIGHTING PARADISE CORP.

Current Principal Place of Business:

5455 SOUTHWEST 8TH STREET
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 440913
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0317295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABO, ANDRES
5455 SOUTHWEST 8TH STREET
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

CABO, ANDRES
PO BOX 440913
MIAMI, FL 33144 US

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.

SIGNATURE: _____ 04/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABO, ANDRES
Address: PO BOX 440913
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: CABO, DORIS
Address: PO BOX 440913
City-St-Zip: MIAMI, FL 33144

Title: VPS () Delete
Name: LOPEZ, KEVIN
Address: PO BOX 440913
City-St-Zip: MIAMI, FL 33144

Title: T () Delete
Name: CABO, ANDRES
Address: PO BOX 44-2700
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: CABO, ANDRES
Address: PO BOX 440913
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: CABO, ANDRES
Address: PO BOX 440913
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CABO, ANDRES
Address: PO BOX 440913
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES CABO P 04/19/2005
Electronic Signature of Signing Officer or Director Date