

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10488

FILED  
Jan 11, 2006  
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  
PO BOX 440913  
MIAMI, FL 33144 US

## Name and Address of New Registered Agent:

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:

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 440913  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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

MR

01/11/2006

Electronic Signature of Signing Officer or Director

Date