

V10488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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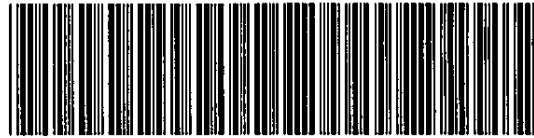
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JAN 19 AM 11:03

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LIGHTING PARADISE CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** V10488

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL SCHIFFRIN  
(Name of Contact Person)

Michael Schiffrin & Associates, P.A.  
(Firm/Company)

9130 South Dadeland Blvd., Suite 1109  
(Address)

Miami, Florida 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Schiffrin at ( 305 ) 539-0000  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

LAW OFFICES OF  
**MICHAEL SCHIFFRIN & ASSOCIATES, P. A.**  
TWO DATRAN CENTER - SUITE 1109  
9130 SOUTH DADELAND BOULEVARD  
MIAMI, FLORIDA 33156

TELEPHONE: (305) 539-0000  
TELECOPIER: (305) 539-0013

E-MAIL: schifflaw@aol.com

January 17, 2007

Florida Department of State  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: **Lighting Paradise Corporation**

Document No. V10488

Dear Sir/Madam:

Enclosed please find the fully executed *Statement of Change of Registered Office or Registered Agent or Both for Corporations* with regard to the above-referenced Florida corporation, along with our check in the amount of \$35.00 representing your fee for the requested change. Please return your acknowledgment to the undersigned in the stamped, self-addressed envelope provided for your convenience.

Of course, if you should have any questions or require anything further, please contact me immediately.

Very truly yours,

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.



MICHAEL SCHIFFRIN, ESQ.

MS/ine  
Encl.

cc: Lighting Paradise Corp.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIGHTING PARADISE CORP.
2. The principal office address: 5455 Southwest 8th Street  
Miami, Florida 33134
3. The mailing address (if different): P.O. Box 440913  
Miami, Florida 33144
4. Date of incorporation/qualification: 01/30/1992 Document number: V10488
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Andres Cabo  
5455 Southwest 8th Street  
Miami, Florida 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Schiffrin  
9130 South Dadeland Blvd., Suite 1109  
(P.O. Box NOT acceptable)  
Miami, Florida 33156

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**2007 JAN 19 AM 11:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

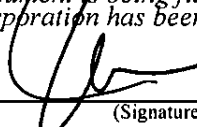
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
(Signature of an officer or director)

Andres Cabo  
\_\_\_\_\_  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

January 16, 2007  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:  
\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***