

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V10488

FILED
Apr 29, 2009
Secretary of State**Entity Name:** LIGHTING PARADISE CORP.**Current Principal Place of Business:**5455 SOUTHWEST 8TH STREET
135
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:**ANDRES, CABO
5455 SW 8 ST
#135
MIAMI, FL 33134 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

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

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

Title: S (X) Delete
Name: NOGUES, LISSETTE
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: 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:

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

I hereby certify that the information supplied with this filing does not qualify 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date