

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V10488

Entity Name: LIGHTING PARADISE CORP.**Current Principal Place of Business:**5455 SOUTHWEST 8TH STREET
135
MIAMI, FL 33134**Current Mailing Address:**PO BOX 440913
MIAMI, FL 33144 US**FEI Number:** 65-0317295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDRES, CABO
5455 SW 8 ST
#135
MIAMI, FL 33134 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	CABO, ANDRES
Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144

Title	T
Name	CABO, ANDRES
Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144

Title	D
Name	CABO, NATALIE
Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144

Title	VP
Name	CABO, DORIS MRS.
Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144

Title	DIRECTOR
Name	CABO, ANDREINA
Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144

Title	DIRECTOR
Name	MORELL, MARCOS
Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144

Title	DIRECTOR
Name	BERNAL, XAVIER
Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144

I hereby 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 all other like empowered.

SIGNATURE: ANDRES CABO**PRESIDENT****05/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date