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

SIGNATURE: ANDRES CABO

Electronic Signature of Signing Officer/Director Detail

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

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

Officer/Director Detail :

Title	Р	Title	т
Name	CABO, ANDRES	Name	CABO, ANDRES
Address	PO BOX 440913	Address	PO BOX 440913
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144
Title	D		
Name	LOPEZ, KEVN		
Address	PO BOX 440913		

above, or on an attachment with all other like empowered. MR

01/22/2014

Date

FILED Jan 22, 2014 Secretary of State CC1549156314

Certificate of Status Desired: No

Date