

2016 FLORIDA PROFIT CORPORATION 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 33144Title T
Name CABO, ANDRES
Address PO BOX 440913
City-State-Zip: MIAMI FL 33144Title D
Name CABO, NATALIE
Address PO BOX 440913
City-State-Zip: MIAMI FL 33144Title VP
Name CABO, DORIS MRS.
Address PO BOX 440913
City-State-Zip: MIAMI FL 33144Title DIRECTOR
Name CABO, ANDREINA
Address PO BOX 440913
City-State-Zip: MIAMI FL 33144Title DIRECTOR
Name MORELL, MARCOS
Address PO BOX 440913
City-State-Zip: MIAMI FL 33144Title 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

P

01/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date