2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 390112

13901 SW 97TH AVE

MIAMI, FL 33176

Address:

City-St-Zip:

FILED Apr 18, 2007 Secretary of State

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Entity Name: SOUTH DADE LIGHTING, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
13006 SW	87TH AVE.				
MIAMI, FL	33176				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P. O. BOX MIAMI, FL					
FEI Number:	59-1397614	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ELLIOTT, DONALD C 13627 DEERING BAY DRIVE			13627 DÉERING BA	ELLIOTT, DONALD C 13627 DEERING BAY DRIVE	
UNIT 503 CORAL GABLES, FL 33158 US			UNIT 704 CORAL GABLES, FI	UNIT 704 CORAL GABLES, FL 33158 US	
The above in the State		submits this statement for the pu	irpose of changing its register	red office or registered agent, or both,	
SIGNATURE: DON C. ELLIOTT				04/18/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:) Delete	Title:	() Change () Addition	
Name: Address:	HELD, KATHLE 14961 S.W. 16		Name: Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:) Delete	Title:	() Change () Addition	
Name: Address:	ELLIOTT, DON 13627 DEERIN		Name: Address:		
City-St-Zip:	CORAL GABLE		City-St-Zip:		
Title: Name:	SVD (ELLIOTT, MAR) Delete IINA	Title: Name:	() Change () Addition	

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

Address:

City-St-Zip:

SIGNATURE: DON C. ELLIOTT PTD 04/18/2007