ANNUAL REPORT

2008 FOR PROFIT CORPORATION

DOCUMENT #396412

1. Entity Name

REMCRAFT LIGHTING PRODUCTS, INC.



Principal Place of Business

12870 NW 45TH AVE MIAMI, FL 33054

Mailing Address

12870 NW 45TH AVE PO BOX 54 1487 MIAMI, FL 33054

FILED Feb 11, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 02052008

4. FEI Number 31-0812626

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBOY, M J 12870 NW 45TH AVE MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or registered agent, or bot	h, in the State of Florida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registe	red Agent signature required when reinstating)	U00000824510	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Fine Trust Fund Contribution		02/ <u>19/08-80034-003 1</u>	50.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ROBBOY, MITCHELL J 12870 N W 45TH AVE MIAMI, FL 00000,				* "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBOY,STANLEY G. 5 HAMPSHIRE CT NEWPORT BEACH, CA			* *E4 ₀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIN,WILLIAM F. 26201 RICHMOND RD. CLEVELAND, OH		DO'	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S ROBBOY, JEFFREY D. 12870 NW 45TH AVE. MIAMI, FL 33054		IN T	THIS SPACE	
TITLE NAME					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP