## 2006 FOR PROFI CORPORATION **ANNUAL REPORT**

## May 03, 2006 8:00 am Secretary of State **DOCUMENT # 457889** 05-03-2006 90243 035 \*\*\*150.00 CATALINA LIGHTING, INC. Principal Place of Business Mailing Address 18191 NW 68TH AVENUE 18191 NW 68TH AVENUE MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1548266 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 8. The above named entity submits this statement for he purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE\_ title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition VARAKIAN, ROBERT 18191 NW 68 AVE Miami, FL 33015 NAME VARAKIAM, ROBERT NAME STREET ADDRESS 18191 NW 68 AV STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-7IP SCFO BORzillo, Anthony TITLE STD Delete TITLE ☐ Change ★ Addition RODNEY, GARY NAME NAME STREET ADDRESS 18191 NW 68 AV 18191 NW 68 Are STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-ZIP Miami, 72 33015 TITLE X Delete TITLE Addition Marble, Stephen G. 5200 Town Center Circle, Ste 470 Boxa Raton, FR 33486 CALHOUN, KEVIN J NAME NAME STREET ADDRESS 18191 N.W. 68TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME KALB, MICHAEL H Kalb, Michael H NAME 5200 Town Center Circle, Ste 470 Pola Raton, Fa 33486 STREET ADDRESS 18191 N.W. 68TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE Delete TITLE NAME KROUSE, RODGER R Terry, Clarence E NAME 5200 Town Center Circle, Ste 470 Boca Raton, FR 33486 STREET ADDRESS 18191 N.W. 68TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition Rea, george R. 18191 NW 68 AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FR 33015 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 regidals true and occurate 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 trusteelempowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 and attachment withour appliess, with all other type empowered. SIGNATURE: SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Anthony Borgillo, SCFO

2006 FOR PROFI CORPORATION ANNUAL REPORT

DOCUMENT(#457889)

ANNUAL REPORT							ATTACHMENT					
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CATALINA LIGHTING, INC.												
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2. Principal P	Place of Busi	ness	3. Mailing Address	3. Mailing Address								
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City & State			City & State	City & State			4. FEI Number 59-1548:	266		<del>1</del>	plied For of Applicable	
Zip	Country		Zip	Zìp Count			5. Certificate of	\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Sireer Adi					") ————	<del>,</del>		
					City				Zip Code			
		ty submits this statement intered agent.	for the purpose of chang	jing its register	red office or	register	ed agent, or both,	in the State of Fig	orida. I am f	familiar with,	and accept	
SIGNATURE												
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
		FEE IS \$150.00 6 Fee will be \$550	1	Campaign Fina d Contribution.			00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 11.						ADDITIONS/C	HANGES TO OFF	ICERS AND			
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12   barabu a	certify that th	e information supplied wi	th this filing does not qu	ralify for the sy	ometions of	ontained	in Chapter 119, f	lorida Statutes. I	further cert	ify that the in	nformation	
Interest of 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.												
SIGNATURE: JACKA DURIE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Prove #												

Anthony Borgillo, SCFO