


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 490576 1. Entity Name CAPITOL LIGHTING - BOCA RATON, INC.	
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Principal Place of Business 365 ROUTE 10 EAST HANOVER, NJ 07936	Mailing Address 365 ROUTE 10 EAST HANOVER, NJ 07936
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1642723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEBERSFELD, KENNETH 4441 WOODFIELD BLVD BOCA RATON, FL 33434	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Y 1/9/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBERSFELD, HERMAN 10 PRINCETON TERRACE SHORTHILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LEBERSFELD, MAX 44 NORTH RD. SHORTHILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBERSFELD, MAX 44 NORTH RD. SHORTHILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LEBERSFELD, KENNETH 4441 WOODFIELD BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80033-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: X Max Lebersfeld 1/10/05 973-87-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #