2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # F99000001009** 04-14-2004 90014 028 ***150.00 1. Entity Name PASKAL LIGHTING INC. Principal Place of Business Mailing Address 54032573 3136 JOHN P. CURCI DRIVE 3136 JOHN P. CURCI DRIVE PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 2. Principal Place of Business 3. Mailing Address 3860 PEMBROKE 3860 PEMBROKE ROAD ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For HOLLYWOOD FLORIDA HOLLYWOOD FLORIDA 95-4158132 Not Applicable 330,21 - 8108 Country U.S.A. Country \$8.75 Additional 5. Certificate of Status Desired 33021-8108 U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEARDEN, TODD Street Address (P.O. Box Number is Not Acceptable) 3136 JOHN P. CURCI DRIVE PEMBROKE PARK, FL 33009 City Zip Code FL 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** Signature, typed or printed name of registered agent and 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, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE C ☐ Delete TITLE ☐ Change ☐ Addition PASKAL, JOSEPH NAME NAME STREET ADDRESS 1135 N. MANSFIELD AVE. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, CA 90038 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change ☐ Addition NAME PASKAL, RANDY NAME STREET ADDRESS 1135 N. MANSFIELD AVE. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, CA 90038 CITY-ST-ZIP DP TITLE Delete Change TITLE ☐ Addition NAME GREEN, EVAN NAMÉ STREET ADDRESS **6820 ROMAINE STREET** STREET ADDRESS CITY-ST-ZIP HOLLYWOOOD, CA 90038 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWMAN, DANA NAME NAME STREET ADDRESS 1135 N. MANSFIELD AVE. STREET ADDRESS CITY-ST-ZIP HOLLYWOOOD, CA 90038 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED