


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # G45119 1. Entity Name B & R LIGHTING, INC.	
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Principal Place of Business 4434 N.W. 35TH COURT MIAMI, FL 33142	Mailing Address 4434 N.W. 35TH COURT MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2301715	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KANELIDIS, NICK B 2400 E COMMERCIAL BLVD SUITE 706 FT. LAUDERDALE, FL 33308

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 KARRER, RICHARD G. 7510 COQUINA DR. N. BAY VLGE., FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KARRER, BARBARA A. 7510 COQUINA DR. N. BAY VLGE., FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARRER, BARBARA A. 7510 COQUINA DR. N. BAY VLGE., FL 33141
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04/22/06-80060-004 150.00

12. I hereby 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.

SIGNATURE:  BARBARA KARRER	4-6-06	305-633-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		