## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P0000000168

Entity Name

DISCOUNT LIGHTING & SUPPLIES, INC.



Mailing Address

14525 SOUTHWEST 175TH STREET MIAMI, FL 33177

Principal Place of Business

SIGNATURE

14525 SOUTHWEST 175TH STREET MIAMI, FL 33177

FILED
Mar 15, 2004 08:00 AM
Secretary of State



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6. Name and Address of Current Registered Agent

4. FEI Number Applied For Not Applied For Not Applied For St. 75 Additional

Certificate of Status Desired

01212004

\$8.75 Additional Fee Required

CR2E034 (10/03)

GARCIA, CARLOS 14825 SW 175 STREET MIAMI, FL 33177

## DO NOT WRITE IN THIS SPACE

No Chg-P

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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.	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE (\$ \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	olng 🖂	\$5.00 May Be Added to Fees	U00000087965 03/15/04-80032-019 150.00			
10. OFFICERS AND DIRECTORS								
FIFLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GARCIA, CARLOS J 14525 SOUTHWEST 175TH STREET MIAMI, FL 33177							
TITLE NAME STREET ADDRESS CITY - ST - ZIP					_			
TITLE NAME STREET ADDRESS GITY - ST - ZIP				DO	NOT WRITE			
tirle Name Street Address City-St-Zip	,			IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST-ZIP								
RITLE NAME STREET ADDRESS CITY-ST-ZIP					-			
12. I hereby of indicated of the con-	ertify that the information supplied with this filing on this report or supplemental report is true are poration or the receiver or trustee empowered.	ng does not qualify for the exem of accurate and that my signatu to execute this report as require	ption states re shall hav	d in Section 119.07(3) e the same legal effect ec 607. Florida Stabite	(i), Florida Statutes. I further certify that the information to as if made under oath; that I am an officer or director as and that my pame appears in Block 10 or Block 11 if			

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR