


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000003544 1. Entity Name SUN LIGHTS CORP.	
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Principal Place of Business 630 N 65 TERRACE HOLLYWOOD, FL 33024	Mailing Address 630 N 65 TERRACE HOLLYWOOD, FL 33024
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DO NOT WRITE IN THIS SPACE

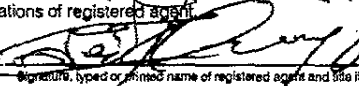


01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0972035	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 QUIROGA, PEDRO A 630 N 65 TERRACE HOLLYWOOD, FL 33024


DO NOT WRITE IN THIS SPACE

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 	PRESIDENT	01-08-07
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSTD QUIROGA, PEDRO A 630 N 65 TERRACE HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUIROGA, JULIETA 630 N 65 TERRACE HOLLYWOOD, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000581951 01/11/07-80011-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 	PRESIDENT	01-08-07 954-3644352
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>