



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000003544</b>	
1. Entity Name <b>SUN LIGHTS CORP.</b>	

Principal Place of Business <b>630 N 65 TERRACE HOLLYWOOD, FL 33024</b>	Mailing Address <b>630 N 65 TERRACE HOLLYWOOD, FL 33024</b>
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-P CR2E034 (11/05)

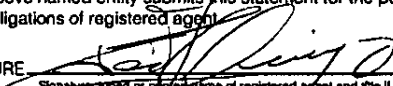
4. FEI Number <b>65-0972035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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:  DATE: **04-02-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

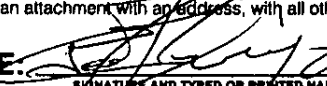
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000886443 04/18/08-80057-005 155.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD QUIROGA, PEDRO A 630 N 65 TERRACE HOLLYWOOD, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP QUIROGA, JULIETA 630 N 65 TERRACE HOLLYWOOD, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  PEDRO A QUIROGA 04-02-08-9543644352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #