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Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90168 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10085137

DOCUMENT # P00000117673

1. Entity Name
OCAMPO LAMPS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2023 WALLYS TERR KISSIMMEE, FL 34741	1342 E. VINE ST. SUITE 420 KISSIMMEE, FL 34744

2. Principal Place of Business	3. Mailing Address
2308 ENField ct	2308 ENFIELD ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORlANDO FL	City & State: ORlANDO FL
Zip: 32837 Country: USA	Zip: 32837 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3711976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLAMPO, ANA 2023 WALLYS TERRACE KISSIMMEE, FL 34741	Name: ADRIANA de PAZOS Street Address (P.O. Box Number is Not Acceptable): 2308 ENFIELD ct City: ORlando FL Zip Code

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] DATE: 3-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OCAMPO, ANA 2023 WALLYS TERR KISSIMMEE, FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2308 ENFIELD ct ORlANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROJAS, JAMES 2023 WALLYS TERR KISSIMMEE, FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2308 ENFIELD ct ORlANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Ana B. Ocampo. 3-21-03 (407) 415-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #