


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000019461 1. Entity Name LUMIERE ARTISTIC LIGHTING INC.	
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Principal Place of Business 9809 N.W. 80 AVENUE, BAY 9-W MIAMI, FL 33016	Mailing Address 9809 N.W. 80 AVENUE, BAY 9-W MIAMI, FL 33016
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04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1077148	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PAZ, CARLOS  
9809 N.W. 80 AVENUE, BAY 9-W  
MIAMI, FL 33016

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAZ, SILVIA C 9809 N.W. 80 AVENUE, BAY 9-W MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAZ, CARLOS 9809 N.W. 80 AVENUE, BAY 9-W MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAZ, JOSE M 9809 N.W. 80 AVENUE, BAY 9-W MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000336016  
04/27/05-80106-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/05

Daytime Phone #

305-5931115