2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P02000019411 1. Entity Name 03-27-2006 90273 012 ***150.00 LIGHTS ON ELECTRIC, INC. Principal Place of Business Mailing Address 10181 N.W. 21 STREET 10181 N.W. 21 STREET HOLLYWOOD FL 33026 HOLLYWOOD FL 33026 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 01-0609950 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATES, LESTER G ESQ. Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD 804 GABLES INTERNATIONAL PLAZA CORAL GABLES FL 33134 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition VP Change NAME VAZQUEZ, RIGOBERTO NAME 7 ZOROS DIMITRIOS STREET ADDRESS 10181 N.W. 21 STREET 307157 STREET ADDRESS 4630 NW. CITY-ST-ZIP HOLLYWOOD FL 33026 CITY-ST-ZIP Delete TITLE TITLE Addition NAME VAZQUEZ, EMMA NAME STREET ADDRESS 10181 N.W. 21 STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33026 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental information indicated on this report or supplemental information 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 truefee 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.

FILED

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