

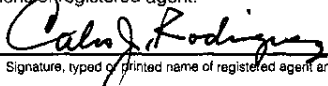


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0056906  
AV

DOCUMENT # <b>P02000025343</b>				<p><b>FILED</b></p> <p>03 SEP 22 PM 4:01</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>  <p><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</p>	
1. Entity Name <b>AMAZONAS LIGHTING, INC.</b>					
Principal Place of Business <b>14291 SW 38TH ST MIAMI FL 33175</b>		Mailing Address <b>14291 SW 38TH ST MIAMI FL 33175</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ARAQUE, CARLOS J. R</b> <b>8360 WEST FLAGLER ST., #200</b> <b>MIAMI FL 33144</b>				Name <b>CARLOS J. RODRIGUEZ</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>14291 SW 38 ST.</b>	
				City <b>MIAMI, FL. 33175</b>	
				City <b>MIAMI, FL.</b>	Zip Code <b>FL 33175</b>
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 <b>9/8/03</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD ARAQUE, CARLOS J. R	<input checked="" type="checkbox"/> Delete	TITLE NAME	PD CARLOS J. RODRIGUEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8360 WEST FLAGLER ST., #200 MIAMI FL 33144		STREET ADDRESS CITY-ST-ZIP	14291 SW 38 ST. MIAMI, FL. 33175	
TITLE NAME	VD RODRIGUEZ, EDUARDO A. C	<input checked="" type="checkbox"/> Delete	TITLE NAME	VP EDUARDO A. CABRERA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8360 WEST FLAGLER ST., #200 MIAMI FL 33144		STREET ADDRESS CITY-ST-ZIP	14291 SW 38 ST. MIAMI, FL. 33175	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	800023280478 09/29/03--01048--002 **150.00	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

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:  **REQUIRED** DATE: **9/8/03** 305-2262248

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

CR2E034 (4/03)

Miami, September 11, 2003

Department of State  
Division of Corporations

Dear Sir/Madam:

I am enclosing a money order of \$ 150.00, because this was the first report that we received by mail from your office. This was the only one and we have not received any other.

Very truly yours,



---

Carlos J. Araque