## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2006 8:00 am Secretary of State 02-17-2006 90062 028 \*\*\*150.00

DOCUMENT # P02000123436  1. Entity Name PRIZM LIGHTING INC.							02-17-2006 90062 028 ***150.00 <b>50017373</b>				
Principal Place of Business 637 HERITAGE AVE WESTON, FL 33326				Mailing Address 637 HERITAGE AVE WESTON, FL 33326							
2. Principal Place of Business			3. M	ailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02032006 Chg-P CR2E034 (11/05)				
City & State			City & State				4. FEI Number Applied F 22-3884229 Not Applie			plied For LApplicable	
Zip	Country		Zip		Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	tegistered	Agent	
BEN-DAYAN, ITSHAC 637 HERITAGE AVE WESTERN, FL 33326						Street Address (P.O. Box Number is Not Acceptable)					
and the second s				- حسد سر		City	-			Zip Code	
8. The above	named entit	v submits this statement for	roose of changing its	register	,	red agent, or both	n in the State of Flo	· FL	-		
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, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.		OFFICERS AND I	DIRECT	ORS .	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11
TITLE	P Delete								-	Change	☐ Addition
NAME STREET ADDRESS	BENDAYAN, ITZIK 637 HERITAGE AVE				NAM	E ET ADDRESS					ļ.
CITY-ST-ZIP	l	N, FL 33326		<u></u>		-ST-ZIP					
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NAME	BENDAYAN, SABINA					E .					
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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: 02/10/06											
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