May 17, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P03000060171** 05-17-2004 90015 037 ***150.00 LIGHTING AND SHADE SOLUTIONS, INC. Principal Place of Business Mailing Address ではひしのすする 5299 WASHINGTON RD. 5299 WASHINGTON RD. DELRAY BCH, FL 33484-8109 DELRAY BCH, FL 33484-8109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 Chg-P CR2E034 (10/03) City & State City & State Applied For Not Applicable Country Zip \$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 RODRIGUEZ, RAMCEY 5299 WASHINGTON RD. Street Address (P.O. Box Number is Not Acceptable) DELRAY BCH, FL 33484-8109 City Zin 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ח TITLE ☐ Delete TITLE ☐ Change Addition RODRIGUEZ, RAMCEY NAME NAME STREET ADDRESS 5299 WASHINGTON RD. STREET ADDRESS CITY-ST-ZIP DELRAY BCH, FL 334848109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 reports 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 on bowered 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 fixe empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

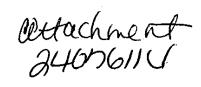
STREET ADDRESS

CITY-ST-ZIP

ER OR DIRECTOR SIGNATURE

Daytime Phone #

FILED



Lighting and Shade Solutions, Inc. 5299 Washington Ave.
Delray Beach, FL 33484-8109

5/13/04

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern,

I am attaching my annual report and a check in the amount of \$150.00 for my renewal.

I apologize for the delay. I was out of the country.

Sincerely

Ramcey Rodfiguez

President/