FILED Apr 25, 2007 8:00 am Secretary of State

29U/ P	JK PKUFII CUKPUKATIUN
	ANNUAL REPORT

DOCUMENT # P03000146122 1. Entity Name LIGHTSGARDEN ANTIQUES CORP.					04-25-2007 90198 027 ***150.00					
Principal Place of Business Mailing Address					400%	31240				
860 SE 9 AVE 860 SE 9 AVE										
HIALEAH, FL 33010 HIALEAH, FL 33010										
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, e					03272007	Chg-P	CR2E0	34 (12/06)		
City & Stat	te City & State				4. FEI Numb 20-045				oplied For of Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificati	e of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Address of Current Registered Agent			7. Name an	d Address of New Ro			-	
LIBEDTO	OLICINICO CEDVICE INC			Name						
	BUSINESS SERVICE INC 103 STREET			Street Address (P.O. Box Numb	per is Not Acceptable)		···	
HIALEAH	GARDENS, FL 33016						· · · · · · · · · · · · · · · · · · ·		· - ··	
				Ch				1 - 5 -		
				City			FL	Zip Code		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of Flor	rida. I am f	amiliar with,	and accept	
OLONIATURE									-	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME	DP Delete TITES							Change	Addition	
STREET ADDRESS				ET ADDRESS					İ	
CITY-ST-ZIP	HIALEAH, FL 33010			-ST-ZIP						
TITLE NAME	☐ Delicte TITL							☐ Change	☐ Addition	
STREET ADDRESS	NAM			ET ADDRESS					1	
CLTY-ST-ZIP	СПУ			-ST-ZIP						
TITLE Name	☐ Delete TITLE			Į.				Change	☐ Addition	
STREET ADDRESS			NAM STRE	ET ADDRESS					ļ	
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE	ļ	☐ Delete	THU					Change	☐ Addition	
NAME Street address			NAM	ET ADDRESS					ļ	
CITY+ST-ZIP			CITY	-ST-ZIP						
TITLE	☐ Delete TifLE							☐ Change	☐ Addition	
NAME Street address			NAM STRE	ET ADDRESS					1	
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL	1				Change	Addition	
NAME Street address			NAM STRE	E Et address						
CITY-ST-ZIP	l		CITY	-ST-ZIP						
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 distrustee 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 Onto Daylore Phone P										