

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067943

1. Entity Name  
LIGHT BULBS & SERVICES, INC.



FILED

05 MAR -9 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03082005 Chg-P CR2E034 (10/03) 05

Principal Place of Business

651 NW 82ND AVE.  
#111  
MIAMI, FL 33126

Mailing Address

651 NW 82ND AVE.  
#111  
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 753154044

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCALANTE, ERNESTO B  
651 NW 82ND AVE.  
#111  
MIAMI, FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS ESCALANTE, ERNESTO B  
CITY-ST-ZIP 651 NW 82ND AVE. #111  
MIAMI, FL 33126 ☐ Delete

TITLE  
NAME SECRETARY  
STREET ADDRESS ESTRELLA A. HIDALGO  
CITY-ST-ZIP 651 NW 82ND AVE #111  
MIAMI, FL 33126 ☐ Change ☒ Addition

TITLE  
NAME TD  
STREET ADDRESS FUENMAYOR, JAVIER  
CITY-ST-ZIP 651 NW 82ND AVE. #111  
MIAMI, FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 000048830050  
CITY-ST-ZIP 03/22/05--01007--014 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #