


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

09-12-2008 90002 021 \*\*\*150.00

<b>DOCUMENT # P07000099061</b>		
1. Entity Name <b>CG LIGHTING INNOVATIONS, INC.</b>		

Principal Place of Business <del>5538 TERRACE COURT</del> <del>2</del> <del>TEMPLE TERRACE, FL 33617</del> <b>US</b>	Mailing Address <b>721 E 137TH AVENUE TAMPA, FL 33617 US</b>
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2. Principal Place of Business - No P.O. Box # <b>721 E 137th Ave</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07142008 Chg-P CR2E034 (12/06)

City & State <b>Tampa FL</b>	City & State
Zip <b>33617</b> Country <b>Hillsborough</b>	Zip Country

4. FEI Number <b>45-0572890</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>GILBERT, CASTELLO</b> <b>5538 TERRACE COURT</b> <del>2</del> <b>TEMPLE TERRACE, FL 33617</b> <b>Tampa, FL 33617</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GILBERT, CASTELLO <del>5538 TERRACE COURT #2</del> <del>TEMPLE TERRACE, FL 33617</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>721 E 137th Avenue</b> <b>Tampa FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **8/29/08** **(813) 784-8196**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #