2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed or on an attachment

SIGNATURE:

Mar 29, 2007 8:00 am Secretary of State DOCUMENT # P94000047596 03-29-2007 90044 001 ***450.00 MERIDIAN LAMPS, INC. Principal Place of Business Mailing Address 66007059 18191 NW 68TH AVE 18191 NW 68TH AVE MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 CR2E034 (12/06) Cha-P Applied For City & State 4. FEI Number City & State 65-0502082 Not Applicable Zip Country Zip Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D **K** Addition Change TITLE X Delete TITI F NAME VARAKIAH, ROBERT NAME MEYER, CORYDON A 18191 NW 68TH AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33015 CITY-ST-ZIP CITY-ST-ZIP **SCFO** Delete Addition TITLE TITLE ☐ Change WOFLCKE, GERALD **BORZILLO, ANTHONY** NAME 18191 NW 68 AVE STREET ADDRESS 18191 NW 68 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH, FL 33015 MIAMI, FL 33015 Addition TITLE ☐ Delete TITLE Change V/S NAME NAME FOXX, CREG STREET ADDRESS STREET ADDRESS 18191 NW 68 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33015 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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 made empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WUELCKE, GERLAD

VICE PRESIDENT/SECRETARY

FILED