## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 01, 2007 8:00 am **Secretary of State** DOCUMENT # P95000078205 1. Entity Name 03-01-2007 90021 027 \*\*\*150.00 LIGHTBULB WORLD, INC. Principal Place of Business Mailing Address 3241 N. FEDERAL HIGHWAY POMPANO BEACH FL 33064 3241 N. FEDERAL HIGHWAY POMPANO BEACH FL 33064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0769328 Not Applicable Zio Country 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 GAVARS, GUNARS A. 2812 SW 13TH COURT Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33442 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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HILE ШЕ **V/T/S** Addition Delete GAVARS GUNARS 2012 SW 130 COURT GAVARS, GUNARS NAME NAM 2812 SW 13TH COURT STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-S1-ZIP HILE **X** Change TITLE ☐ Defete ☐ Addition GAVARS, JACKIE GAVARS JACKIE NAME MARKE 2812 SW 13TH COURT 2812 SW 13 A COURT STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 CITY - ST - ZIP CITY-ST-ZIP Delete HIII Change TITLE ☐ Andition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-7IP TITLE ☐ Delete TITU ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP ☐ Change TITLE Delete TITLE Addition 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 Section 119, Florida Statutos. 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 logal 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

Jan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED