## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 15492

SIGNATURE: Y

## FILED Apr 02, 2002 8:00 am Secretary of State

04-02-2002 90973 043 \*\*\*150.00

3/25/02

Daytime Phone #

| Sunshine Lighting Inc.  |   |   |                                       |  | 04-02-2002 303/3 043   | 130.00                     |
|---|---|---|---------------------------------------|--|--|----------------------------|
| DO NOT WRITE IN THIS SPACE  |   |   |                                       |  | B 0/0.57558  |                            |
| 2. Principal Place of Business 11828 S.W. 77 TETTICE  Suite, Apt. #, etc.  3. Mailing Address 11828 S.W. 7  Suite, Apt. #, etc.  Suite, Apt. #, etc.        |   |   | 7 Terrace                             |  | DO NOT WRITE IN THIS SPACE   |                            |
| City & State MIGMI, Floricla  Zip Country   |   | City & State Micini Florida Zip Country   |                                       |  | FEI Number<br>65-0839129<br>_ <b>\$8</b>   | Applied For Not Applicable |
| 33183   |   | 33183   | Country                               |  | Fee  | Required                   |
|   |   | 7. Name and Address of Current Registered Agent  Name  Miguel Ouctges  Street Address (P.O. Box Number is Not Acceptable) |                                       |  |  |                            |
|   | 1182  | 11828 S.W. 77 Ferrace.  |                                       |  |  |                            |
|   | City Migu   |   |                                       |  |  |                            |
| 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.   |   |   |                                       |  |  |                            |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |   |                                       |  |  |                            |
| 9. This corpor<br>Tax filing re<br>(See criteri   | After May 1   | y 1 Fee is \$150.00<br>, Fee Is \$550.00<br>UBR is \$61.25<br>e to Department of S  | tate                                  | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be<br>Added to Fees   |                            |
| 11.   | OFFICERS AND D  | DIRECTORS   | TIDE                                  |  |  |                            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | miquel avetgles<br>11828 SW 177 Terras<br>Micani FL 33183 | R   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |                            |
| TITLE NAME STREET ADDRESS   | miguel Quetgles<br>118285W 177 Term                       | 0.00  | TITLE NAME STREET ADDRESS             |  |  |                            |
| CITY-ST-ZIP   | Migmi FL 3318   |   | CITY-ST-ZIP                           |  |  |                            |
| TITLE<br>NAME   |   |   | TITLE<br>NAME                         |  |  |                            |
| STREET ADDRESS S  |   |   | STREET ADDRESS CITY-ST-ZIP            | DO NOT WRITE   |  |                            |
| NAME<br>STREET ADDRESS  |   |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPACE  |  |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |                            |
| indicated of<br>of the corp   | on this report or supplemental report is t                | rue and accurate and that my<br>wered to execute this report a  | signature shall have the              | e same le  | 19.07(3)(i), Florida Statutes. I further certify t<br>egal effect as if made under oath; that I am a<br>rida Statutes; and that my name appears in | n officer or director      |

ICER OR DIRECTOR