2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P98000042769** 1. Entity Name J.A.C. LIGHT MAINTENANCE, INC. Mailing Address -Principal Place of Business 530 N.E. 76TH STREET 530 N.E. 76TH STREET MIAMI, FL 33138 MIAMI, FL 33138 04212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0834585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CRUZADO, JOSUE A 530 N.E. 76TH STREET MIAMI, FL 33138 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PST** TITLE CRUZADO, JOSUE NAME STREET ADDRESS **530 N.E. 76TH STREET** MIAMI, FL 33138 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #