

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000070368 1. Entity Name JUPITER LIGHTING SERVICES, INC.					
Principal Place of Business 11117 W OKEECHOBEE RD STE 202 HIALEAH GARDENS, FL 33018 US				Mailing Address 11117 W OKEECHOBEE RD STE 202 HIALEAH GARDENS, FL 33018 US	
2. Principal Place of Business 650 SW 124 Terrace #314 Pembroke Pines, Fl		3. Mailing Address 650 SW 124 Terrace #314 Pembroke Pines, Fl			
Suite, Apt. #, etc. Pembroke Pines, Fl		Suite, Apt. #, etc. Pembroke Pines, Fl			
City & State Pembroke Pines, Fl		City & State Pembroke Pines, Fl			
Zip 33027		Country USA		4. FEI Number 65-0857146	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIMENO, FERNANDO 2813 SW 129TH AVE MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name PEDRO GIMENO Street Address (P.O. Box Number is Not Acceptable) 650 SW 124 Terrace # 314 City Pembroke Pines, FL Zip Code 33027		
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 9-29-04					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIMENO, FERNANDO 2813 SW 129TH AVE MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pedro Gimeno 650 SW 124 Terrace # 314 Pembroke Pines, Fl 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIMENO, IMMACULADA 3804 NW 122ND TERR SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000041606020 10/05/04--01039--015 **550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE 9-29-04					

FILED

04 OCT -7 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0857146 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name PEDRO GIMENO
Street Address (P.O. Box Number is Not Acceptable) 650 SW 124 Terrace # 314
City Pembroke Pines, FL Zip Code 33027

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] DATE 9-29-04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GIMENO, FERNANDO
STREET ADDRESS 2813 SW 129TH AVE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VD
NAME GIMENO, IMMACULADA
STREET ADDRESS 3804 NW 122ND TERR
CITY-ST-ZIP SUNRISE, FL 33323

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Pedro Gimeno
STREET ADDRESS 650 SW 124 Terrace # 314
CITY-ST-ZIP Pembroke Pines, Fl 33027

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

TITLE [Empty]
NAME [Empty]
STREET ADDRESS [Empty]
CITY-ST-ZIP [Empty]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE 9-29-04