2006 FOR PROFIT CORPORATION

FILED May 01, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P99000004648 ALLÚMINATION SALES-N-SERVICE, INC. Principal Place of Business Mailing Address 7759 NW 156 ST 45 S.W. 19TH ROAD MIAMI LAKES, FL 33016 MIAMI, FL 33129 No Chg-P CR2E034 (11/05) 04192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0892438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SERNA, JUAN A JR. 7757 NW 146 ST MIAMI LAKES, FL 33016 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_ DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HIDALGO, AILEEN NAME 4000 SW 136 AV STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-ZIP U00000553105 TITLE 05/15/06-80038-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 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.

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR