

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90058 030 \*\*\*150.00

**DOCUMENT # S59725**

1. Entity Name

FLORIDA ARCHITECTURAL LIGHTING, INC.



Principal Place of Business

1915 NE 45TH STREET  
SUITE 208  
FT LAUDERDALE FL 33308  
US

Mailing Address

1915 NE 45TH STREET  
SUITE 208  
FT LAUDERDALE FL 33308  
US

2. Principal Place of Business

1915 NE 45TH STREET  
SUITE 208  
FT. LAUDERDALE, FLA

3. Mailing Address

1915 NE 45TH STREET  
SUITE 208  
FT. LAUDERDALE, FLA

City & State

FT. LAUDERDALE, FLA

City & State

FT. LAUDERDALE, FLA

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0268069

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPP, ALVIN  
800 EAST BROWARD BLVD  
SUITE 608  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: ELLIOTT LERCHER  
Street Address (P.O. Box Number is Not Acceptable): 10461 SW 18th St.  
City: DAVIE FL Zip Code: 33324

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

*Alvin Capp*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: DPS  
NAME: COHEN, JANE  
STREET ADDRESS: 3325 NE 42ND CT  
CITY-ST-ZIP: FORT LAUDERDALE FL 33308 ☐ Delete

TITLE: VP  
NAME: STANLEY, COHEN  
STREET ADDRESS: 1915 NE 45TH ST #208  
CITY-ST-ZIP: FORT LAUDERDALE FL 33308 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

*Alvin Capp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

954-489-0337

Daytime Phone #