

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

04-12-2006 90106 043 ***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**

66013139



03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0268069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LERCHER, ELLIOTT
10461 SW 18TH ST
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
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: *Jane Cohen* *Frankie Cohen* *5/1/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
STANLEY, COTTEN
1915 NE 45TH ST #208
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Jane Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

4/26/06 *854-4890337*
Date Daytime Phone