110488

(Req	uestor's Name)			
(Add	ress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: LIGHTING PARADISE CORP.					
(Name of Corporation)					
DOCUMENT NUMBER: V10488					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MICHAEL SCHIFFRIN					
(Name of Contact Person)					
Michael Schiffrin & Associates, P.A. (Firm/Company)					
(1 11111 001					
9130 South Dadeland Blvd., Suit	te 1109				
(Address)					
Miami, Florida 33156					
(City/State and Zip Code)					
For further information concerning this matter, please ca	all:				
Michael Schiffrin	at (305) 539-0000				
(Name of Contact Person)	at (305) 539-0000 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				
, -	Tallahaccee FI 32301				

TO:

LAW OFFICES OF

MICHAEL SCHIFFRIN & ASSOCIATES, P. A.

Two Datran Center - Suite 1109
9130 South Dadeland Boulevard
MIAMI, FLORIDA 33156

TELEPHONE: (305) 539-0000 TELECOPIER: (305) 539-0013

E-MAIL: schifflaw@aol.com

January 17, 2007

Florida Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Lighting Paradise Corporation

Document No. V10488

Dear Sir/Madam:

Enclosed please find the fully executed Statement of Change of Registered Office or Registered Agent or Both for Corporations with regard to the above-referenced Florida corporation, along with our check in the amount of \$35.00 representing your fee for the requested change. Please return your acknowledgment to the undersigned in the stamped, self-addressed envelope provided for your convenience.

Of course, if you should have any questions or require anything further, please contact me immediately.

Very truly yours,

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

MICHAEL SCHIFFRIN, ESQ.

MS/ine Encl.

cc:

Lighting Paradise Corp.

Profession .

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508. Florida n organized under the laws of the State of r registered agent, or both, in the State of	FLORIDA
	the corporation: LIGHTING PARA		1 wildu.
	l office address: 5455 Southwest 8		
-	address (if different): P.O. Box 44		
Miami, Florid			
4. Date of incor	poration/qualification: 01/30/199	2 Document number: V10488	3
	d street address of the current regis	stered agent and registered office on file w	vith the
	Andres Cabo		
	5455 Southwest 8th Stree	et	
	Miami, Florida 33134		F 2001 . SEC
6. The name an (if changed):	•	red agent (if changed) and /or registered or	SSI SSI
	Michael Schiffrin		二點至日
	9130 South Dadeland Blv	•	AM II: 03 OF STATE EF, FLORIDA ———————————————————————————————————
	(P.O. Box NOT a	acceptable)	A
	Miami, Florida 33156		
The street addr as changed wil	ess of its registered office and the	e street address of the business office of	its registered agent,
Such change value authorized by	as authorized by resolution duly	adopted by its board of directors or by a been notified in writing of the change.	ın officer so
MA	ture of an officer or director)	Andres Cabo (Printed or typed name an	od title)
hereby accept I further agree of my duties, a document is be	t the appointment as registered a	igent and agree to act in this capacity, all statutes relative to the proper and co the obligation of my position as register age in the registered office address. I her	•
		January 16, 2007	
	ignature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
	(Thursday Britand Mary)		
((Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *