

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90130 030 ***150.00

DOCUMENT # V26452

1. Entity Name

LIGHTING WORLD, U.S.A., INC.



Principal Place of Business

5700 COLLINS AVE
16-L
MIAMI BEACH FL 33140

Mailing Address

5700 COLLINS AVE
16-L
MIAMI BEACH FL 33140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0346316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GONZALEZ, JUAN
5700 COLLINS AVE
16-L
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

ALEIDA AROIX

Street Address (P.O. Box Number is Not Acceptable)

5700 Collins Avenue #16L

City

Miami Beach

FL

Zip Code
33140

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

3/16/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 **PST** ☐ Delete
NAME **AROIX, JUAN**
STREET ADDRESS **5700 COLLINS AVE APT# 16-L**
CITY- ST- ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Delete
NAME **AROIX, JUAN**
STREET ADDRESS **5700 COLLINS AVE APT# 16-L**
CITY- ST- ZIP **MIAMI BEACH FL 33140**

TITLE **VD** ☐ Delete
NAME **AROIX, ALEIDA**
STREET ADDRESS **5700 COLLINS AVE APT# 16-L**
CITY- ST- ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN AROIX

3/16/06

Date

(305) 608-6060

Daytime Phone #