# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: JEFFREY D ROBBOY

# DOCUMENT# 396412 Entity Name: REMCRAFT LIGHTING PRODUCTS, INC.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

12870 NW 45TH AVE OPA LOCKA FL 33054

### **Current Mailing Address:**

12870 NW 45TH AVE PO BOX 54 1487 OPA LOCKA, FL 33054

# FEI Number: 31-0812626

### Name and Address of Current Registered Agent:

ROBBOY, MITCHELL J 12870 NW 45TH AVE OPA LOCKA, FL 33054 US

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	CEOD	Title	PDS
Name	ROBBOY, MITCHELL J	Name	ROBBOY, JEFFREY D
Address	12870 NW 45TH AVE	Address	12870 NW 45TH AVE
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	OPA LOCKA FL 33054

Electronic Signature of Signing Officer/Director Detail

FILED Jan 22, 2016 Secretary of State CC6047003375

Certificate of Status Desired: No

Date

01/22/2016 Date