

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000061842

**FILED  
Apr 30, 2018  
Secretary of State  
CC7571079187**

**Entity Name:** ALLURE LIGHTING CONCEPTS, INC

**Current Principal Place of Business:**

550 PARKSIDE POINTE BLVD  
APOPKA, FL 32712

**Current Mailing Address:**

550 PARKSIDE POINTE BLVD  
APOKA, FL 32712 US

**FEI Number:** 46-0762626

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STRADA, KIMBERLY S  
550 PARKSIDE POINTE BLVD  
APOPKA, FL 32712 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

Date

**Officer/Director Detail :**

|                 |                          |                 |                          |
|-----------------|--------------------------|-----------------|--------------------------|
| Title           | P                        | Title           | VP                       |
| Name            | STRADA, KIMBERLY S       | Name            | STRADA, KIMBERLY S       |
| Address         | 550 PARKSIDE POINTE BLVD | Address         | 550 PARKSIDE POINTE BLVD |
| City-State-Zip: | APOPKA FL 32712          | City-State-Zip: | APOPKA FL 32712          |

*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.*

**SIGNATURE:** KIMBERLY STRADA

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date