


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000086467**


1. Entity Name  
**NATHAN LIGHT, INC.**



Principal Place of Business  
**6620 BOCA DEL MAR DR.  
 APT. 607  
 BOCA RATON, FL 33433**

Mailing Address  
**6620 BOCA DEL MAR DR.  
 APT. 607  
 BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0456457</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S  
 1212 COURT ST.  
 SUITE B  
 CLEARWATER, FL 34616**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

U00000689895  
 04/11/07-90054-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIGHT, IRENE 6620 BOCA DEL MAR DR., APT. 607 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OD LIGHT, NATHAN 6620 BOCA DEL MAR #607 BOCA RATON, FL 33433
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**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: X IRENE LIGHT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/07** **561-750-8031**  
Date Daytime Phone #