


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90052 037 \*\*\*150.00

DOCUMENT # P00000052411

1. Entity Name  
Lighthouse Water sport Rental, Inc



40021017

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1200 S Crandon Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
53 West 6th St  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Key Biscayne FL

City & State  
Hialeah FL

Zip  
33149

Country  
USA

Zip  
33010

Country  
U.S.A.

4. FEI Number  
65-1023520

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Gianni La Rosa

Street Address (P.O. Box Number is Not Acceptable)  
53 West 6th Street

City  
Hialeah

FL Zip Code  
33010

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] DATE 3-28-05

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating)

January 1 - May 1 Fee is \$100.00  
After May 1, Fee is \$250.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President Gianni La Rosa 53 West 6th Street Hialeah FL 33010</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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 on an attachment with an address, with all other like a registered.

SIGNATURE: [Signature] DATE 3-28-05 DAYTIME PHONE # 786-357-2304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIRCULAR 15/03