


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

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

03-29-2006 90120 002 ***150.00

DOCUMENT # P000000S2411
1. Entity Name
Lighthouse Watersport Rental, Inc



DO NOT WRITE IN THIS SPACE

40041349

2. Principal Place of Business
4000 Cranden Blvd
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne FL

City & State
Hialeah FL

Zip
33149

Country
U.S.A.

Zip
33010

Country
U.S.A.

4. FEI Number
65-1023520 112012

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

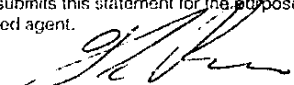
Name
Gianni La Rosa

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 understand the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when mandating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May 2- Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Gianni La Rosa 53 West 6th Street Hialeah FL 33010	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes, and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. I understand that I am responsible for the accuracy of the information provided to execute this report as required by Chapter 607, Florida Statutes, and that my name and address will appear on the report.

SIGNATURE:  3-27-06 761 786 351 2304