

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 025 ***150.00

DOCUMENT # P00000052411
1. Entity Name
Light House Water Sport Rental, Inc.



DO NOT WRITE IN THIS SPACE

70042226

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

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

DO NOT WRITE IN THIS SPACE

City & State
Key Bisayne, FL
Zip
33149
Country
U.S.A

City & State
Hialeah, FL
Zip
33010
Country
U.S.A

4. FEI Number
65-1023520-142012
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 W 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 Be 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	
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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 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 empowered.

SIGNATURE: Gianni La Rosa 4-10-03 786 2560502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)