

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K79622

1. Entity Name

LIGHTHOUSE INVESTMENTS, INC.



Principal Place of Business

260 CRANDON BLVD, UNIT 21
KEY BISCAIYNE FL 33149
US

Mailing Address

260 CRANDON BLVD, UNIT 21
KEY BISCAIYNE FL 33149
US

2. Principal Place of Business

260 Crandon Blvd
Unit 20, 21

3. Mailing Address

260 Crandon Blvd,
Unit 20, 21

City & State

Key Biscayne FL
Zip 33149 Country USA

City & State

Key Biscayne FL
Zip 33149 Country USA

FILED
05 APR 27 AM 11:30



1st MOORE CR2E034 (10/05)

4. FEI Number

65-0173925

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SURACE, ALESSANDRO
260 CRANDON BLVD, UNIT 21
KEY BISCAIYNE FL 33149

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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	PD	☒ Delete
NAME	SURACE, GINO	
STREET ADDRESS	301 GULF RD	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	STD	☐ Delete
NAME	SURACE, ALESSANDRO	
STREET ADDRESS	301 GULF ROAD	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	700074149677	
CITY-ST-ZIP	05/08/06--01015--021 **635.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-06

Date

Daytime Phone #