

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 046 ***150.00

DOCUMENT # P01000090213

1. Entity Name
LIGHTHOUSE HOLDING, INC.



Principal Place of Business

9601 COLLINS AVENUE
APARTMENT 710
BAL HARBOUR, FL 33154

Mailing Address

9601 COLLINS AVENUE
APARTMENT 710
BAL HARBOUR, FL 33154

4011077



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2318100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIVNER, JACOB J
~~1177 KANE CONCOURSE~~ 2999 NE 191 Street
~~SUITE 202~~ Suite 700
~~BAY HARBOR, FL 33154~~ Aventura, FL. 33180

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KLEPACH, ESTHER
STREET ADDRESS	9601 COLLINS AVENUE, APARTMENT 710
CITY-ST-ZIP	BAY HARBOR, FL 33154
TITLE	P
NAME	KLEPACH, JULIETTE
STREET ADDRESS	555 NE 185 Street
CITY-ST-ZIP	Suite 201 Miami, FL. 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Juliette Klepach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #