2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090396

Address:

City-St-Zip:

Entity Name: EUROPEAN LIGHTHOUSE, CORP

2213 CYPRESS ISLAND DR, #505

POMPANO BEACH, FL 33069

FILED Apr 24, 2008 Secretary of State

Entity Name: EUROPEAN LIGHTHOUSE, CORP.	
Current Principal Place of Business:	New Principal Place of Business:
2213 CYPRESS ISLAND DR # 505 POMPANO BEACH. FL 33069	6629 NW 179 TERRACE MIAMI, FL 33015
Current Mailing Address:	New Mailing Address:
2213 CYPRESS ISLAND DR # 505 POMPANO BEACH, FL 33069	6629 NW 179 TERRACE MIAMI, FL 33015
FEI Number: 65-1138191 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
TOVAR, ILEANA A 1725 MAIN STREET STE 205 WESTON, FL 33326 US	
The above named entity submits this statement for the purp in the State of Florida.	pose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: () Delete Title: (X) Change () Addition SANDOVAL, GUSTAVO SANDOVAL, GUSTAVO Name: Name: 2213 CYPRESS ISLAND DR, #505 Address: 6629 NW 179 TERRACE Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: MIAMI, FL 33015 Title: () Delete Title: (X) Change () Addition SANDOVAL, MIGUEL SANDOVAL, MIGUEL Name: Name: Address: 2213 CYPRESS ISLAND DR, #505 Address: 6629 NW 179 TERRACE POMPANO BEACH, FL 33069 MIAMI, FL 33015 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: SANDOVAL, CARLOS Name: SANDOVAL, CARLOS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6629 NW 179 TERRACE

MIAMI, FL 33015

SIGNATURE: GUSTAVO SANDOVAL D 04/24/2008