2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090396

Entity Name: EUROPEAN LIGHTHOUSE, CORP.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6629 NW 179 TERRACE 2503 NW 5TH AVE MIAMI, FL 33015 WILTON MANORS, FL 33311 **Current Mailing Address: New Mailing Address:** 6629 NW 179 TERRACE 2503 NW 5TH AVE WILTON MANORS, FL 33311 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 MÁIN STREET STE 205 WESTON, FL 33326 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. 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: 6629 NW 179 TERRACE 2503 NW 5TH AVE Address: Address:

City-St-Zip: MIAMI, FL 33015 City-St-Zip: WILTON MANORS, FL 33311

Title: Title: () Delete (X) Change () Addition

SANDOVAL, MIGUEL Name: Name: SANDOVAL, MIGUEL 6629 NW 179 TERRACE 2503 NW 5TH AVE Address: Address:

MIAMI, FL 33015 WILTON MANORS, FL 33311 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition SANDOVAL, CARLOS Name: SANDOVAL, CARLOS Name:

6629 NW 179 TERRACE 2503 NW 5TH AVE Address: Address:

City-St-Zip: MIAMI, FL 33015 City-St-Zip: WILTON MANORS, FL 33311

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.

SIGNATURE: GUSTAVO SANDOVAL D 03/30/2009