2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P01000120256

Entity Name: LIGHTHOUSE COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

1704 NW 7 ST
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1704 NW 7 ST
MIAMI, FL 33125

New Mailing Address:

FEI Number: 02-0555072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENENDEZ, ALEJANDRO M
150 SE 25TH ROAD #11-A
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: PUIG, JUAN F
Address: 1704 NW 7 ST
City-St-Zip: MIAMI, FL 33125

Title: VD ( ) Delete
Name: MENDOZA, MICHAEL
Address: 1704 NW 7 ST
City-St-Zip: MIAMI, FL 33125

Title: SD ( ) Delete
Name: MENENDEZ, ALEJANDRO M
Address: 1704 NW 7 ST
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PUIG, JUAN F
Address: 1704 NW 7 ST
City-St-Zip: MIAMI, FL 33125

Title: SD (X) Change ( ) Addition
Name: MENDOZA, MICHAEL
Address: 1704 NW 7 ST
City-St-Zip: MIAMI, FL 33125

Title: PD (X) Change ( ) Addition
Name: MENENDEZ, ALEJANDRO M
Address: 1704 NW 7 ST
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEJANDRO M MENENDEZ PD 04/08/2004

Electronic Signature of Signing Officer or Director — Date