2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

03 · 3/- 08
Date Daytime Phone #

DOCUMENT # P07000078834 1. Entity Name FIRST LIGHTHOUSE INC				04-02-2008 90022 050 ***150.0					0.00		
Principal Place of Business Mailing Address					- Sv.		-				
6444 RODMAN ST		6444 RODMAN ST			•						
HOLLYWOOD, FL 33023 HOLLYWOOD, FL 3302			3		£ 16891		111 46614 56111 55111 55111		(P183 (S)) -10	1881 11 1781	
Principal Place of Business - No P.O. Box # 3. Mailing Address											
4699 N FEDERAL HWY 4699 N FEDE				PAL HWY							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		033020	80	Chg-P	CR2E	034 (12/06)			
City & State PRAPANO BEACH, FL		City & State POMPANO BEAC		CH, F.	4. FEIN	ımber	53481	フ		plied For t Applicable	
POMPANO BEACH, FL Zip Country		Zip Count					Status Desired		\$8.75 Add	itional	
3306	6. Name and Address of Current F	33064 tegistered Agent			7. Name	7. Name and Address of New Registered Agent					
					Name						
OSPINA, NELSON JR. 6444 RODMAN ST				Street Address (P.O. Box Number is Not Acceptable) 4699 N FEDERAL HWY							
HOLLYWO	OOD, FL 33023	469	9 N	FE	NEKA.	_ // ·	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
				City POMPANO BEACH FL Zip Code 33064							
The above named entity submits this statement for the purpose of changing its registered office or register									- 222	264 and accept	
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of regulated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.											
10.	OFFICERS AND I		11.		ADDITIO	NS/CI	HANGES TO OFFI	CERS AN			
TITLE NAME	P OSPINA, NELSON JR.	☐ Delete	TITLE NAME	:					☐ Change	☐ Addition	
STREET ADDRESS	6444 RODMAN ST			ET ADDRESS 4	4699 1	υ,	FEDER BEAC	AL	HWY	•	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	D Date:	CITY-		POM PA	NO	BEAC	4.1	「 Change	□ Addition	
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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.											

KINTED NAME OF SIGNING OFFICER OR DIRECTOR