

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90015 022 \*\*\*158.75

**DOCUMENT # P98000009242**

1. Entity Name  
**LIGHTHOUSE PLAZA, INC.**



Principal Place of Business  
**299 ALHAMBRA CIRCLE  
SUITE 405  
CORAL GABLES, FL 33134**

Mailing Address  
**299 ALHAMBRA CIRCLE  
SUITE 405  
CORAL GABLES, FL 33134**

**50000500**



2. Principal Place of Business  
**3414 Granada Blvd.**  
Suite, Apt. #, etc. **N.A.**

3. Mailing Address  
**P.O. Box 14-4333**  
Suite, Apt. #, etc. **N.A.**

02232006 Chg-P CR2E034 (11/05)

City & State  
**CORAL GABLES, FL**  
Zip **33134** Country **US**

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**CORAL GABLES, FL**  
Zip **33134** Country **US**

4. FEI Number  
**65-0812077**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GONZALEZ, LOUIS O  
299 ALHAMBRA CIRCLE  
SUITE 405  
CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name **LOUIS O. GONZALEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**3414 GRANADA BLVD.**  
City **CORAL GABLES** FL Zip Code **33134**

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]* **LOUIS O. GONZALEZ** **2/23/06**  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☒ Delete  
NAME **GONZALEZ, LOUIS O**  
STREET ADDRESS **299 ALHAMBRA CIRCLE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DST** ☒ Delete  
NAME **GONZALEZ, IRIS J**  
STREET ADDRESS **3414 GRANADA BLVD**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☒ Change ☐ Addition  
NAME **GONZALEZ, LOUIS O.**  
STREET ADDRESS **3414 GRANADA BLVD.**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DST** ☒ Change ☐ Addition  
NAME **GONZALEZ, ~~LOUIS O.~~ IRIS J.**  
STREET ADDRESS **3414 GRANADA BLVD.**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* **LOUIS O. Gonzalez, President** **Feb. 23, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #