


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90014 045 ***150.00

| | |
|---|---|
| DOCUMENT # 664946 1. Entity Name WALTER L. LISTA INC. |  |
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| Principal Place of Business 6813 S.W. 81 STREET STE A MIAMI, FL 33143 | Mailing Address 12080 SW 127 AVENUE 202 MIAMI, FL 33186 |
|--|--|

20023806



03072005 No Chg-P CR2E034 (10/03)

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| | |
|---|---------------------------------------|
| 4. FEI Number 59-2004963 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LISTA, WALTER L
12961 DEVA STREET
CORAL GABLES, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LISTA, WALTER L 12961 DEVA STREET CORAL GABLES, FL 33156 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LISTA, MARTA V 12961 DEVA STREET CORAL GABLES, FL 33156 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T EDWARDS, ISABEL LISTA 11951 SW 124 TERR MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Edwards* 3/15/05 305-665-7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #