

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90004 012 \*\*\*150.00

60020807



02092006 No Chg-P CR2E034 (11/05)

**DOCUMENT # 664946**  
 1. Entity Name  
 WALTER L. LISTA INC.



Principal Place of Business 6813 S.W. 81 STREET STE A MIAMI, FL 33143	Mailing Address 12080 SW 127 AVENUE 202 MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2004963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 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	

**DO NOT WRITE IN THIS SPACE**

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]* 2/15/06 305-695-7765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #