


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000034319

1. Entity Name
THE MARISA GROUP WAREHOUSES, INC.



Principal Place of Business
**6813 S W 81ST STREET
 STE A
 MIAMI, FL 33143**

Mailing Address
**12080 SW 127 AVE
 # 202
 MIAMI, FL 33186**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1091491 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
 Fees 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	P
NAME	LISTA, WALTER L
STREET ADDRESS	12961 DEVA ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	S
NAME	LISTA, MARTA V
STREET ADDRESS	12961 DEVA ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	T
NAME	EDWARDS, ISABEL L
STREET ADDRESS	11951 SW 124 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000449193
 03/09/06 80043-015 150.00

**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: *Isabel Edwards* Treasurer 2/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #