


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90020 026 ***150.00

DOCUMENT # P94000016096

1. Entity Name
ARISSA ENTERPRISES, INC.



Principal Place of Business
**7501 N.W. 4TH ST.
 #112
 PLANTATION, FL 33317**

Mailing Address
**7501 N.W. 4TH ST.
 #112
 PLANTATION, FL 33317**

50001175



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-0469987

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACHHOLDER, BARRY L
7501 N.W. 4TH ST.
#112
PLANTATION, FL 33317

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WACHHOLDER, ARIELLE	
STREET ADDRESS	7501 N.W. 4TH ST., #112	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WACHHOLDER, ALYSSA	
STREET ADDRESS	7501 N.W. 4TH ST., #112	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACHHOLDER, BARRY L	
STREET ADDRESS	7501 N.W. 4TH ST., #112	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTSTEIN, RENEE	
STREET ADDRESS	7501 N.W. 4TH ST. #112	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WACHHOLDER, ELSA	
STREET ADDRESS	7501 NW 4TH ST., #112	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **DIR** **1-3-05 954-584-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #