


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P03687	
1. Entity Name RISA PROPERTY COMPANY	

Principal Place of Business 265 SUNRISE AV., STE. 204 PALM BEACH, FL 33480	Mailing Address 265 SUNRISE AV., STE. 204 PALM BEACH, FL 33480
--	--

DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2521678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MINTMIRE, DONALD F
265 SUNRISE AVENUE, #204
PALM BEACH, FL 33480**

**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 *Donald F. Mintmire* **7/13/04**

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINTMIRE, DONALD F ESQ 265 SUNRISE AVE., STE 204 PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAFRAN, PAUL, JR. 265 SUNRISE AV., #204 PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, JOHN WESTWIND BLDG 2ND FL GEORGETOWN, CAYMAN IS,
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**

1100000166622
07/16/04-80004-012 150.00

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 officers, directors, and persons empowered to execute this report.

SIGNATURE: *Donald F. Mintmire* **7/13/04** **(501) 832-9296**

Signature, typed or printed name of signing officer or director