


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03687 1. Entity Name RISA PROPERTY COMPANY	
--	---

FILED

2008 MAY -5 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282008 Chg-P CR2E034 (12/06)

Principal Place of Business 220 SUNRISE AVE SUITE 206 PALM BEACH, FL 33480	Mailing Address 220 SUNRISE AVE SUITE 206 PALM BEACH, FL 33480
2. Principal Place of Business - No P.O. Box # 8412 Native Dancer Road	3. Mailing Address 8412 Native Dancer Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
---	---

4. FEI Number 59-2521678	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33418	Country USA	Zip 33418	Country USA
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent LISI, ANDREA 220 SUNRISE AVE SUITE 206 PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Charles D. Barnett Street Address (P.O. Box Number is Not Acceptable) 8412 Native Dancer Road City Palm Beach Gardens FL Zip Code 33418
--	--

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 *Charles D. Barnett* 5/1/08 DATE

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
------------------------------	--	------------------------------------

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P LISI, ANDREA S	<input checked="" type="checkbox"/> Delete	TITLE	DPST Charles D. Barnett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	220 SUNRISE AVE SUITE 206		STREET ADDRESS	8412 Native Dancer Road	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	STD SAFRAN, PAUL, JR.	<input checked="" type="checkbox"/> Delete	TITLE	100129220911	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	220 SUNRISE AVE SUITE 206		STREET ADDRESS	05/13/08--01030--016 **61.25	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Charles D. Barnett* **Charles D. Barnett** 5/1/08 **561-622-6655**

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