

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 664946

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** WALTER L. LISTA INC.

**Current Principal Place of Business:**

11002 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

**New Principal Place of Business:**

11100 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

**Current Mailing Address:**

11002 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

**New Mailing Address:**

11100 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

**FEI Number:** 59-2004963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LISTA, WALTER L  
11002 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178 US

**Name and Address of New Registered Agent:**

LISTA, WALTER L  
11100 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178 US

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.

SIGNATURE: WALTER L. LISTA

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LISTA, WALTER L  
Address: 11100NW S. RIVER DRIVE  
City-St-Zip: MEDLEY, FL 33178

Title: S  
Name: LISTA, MARTA V  
Address: 11100 NW S. RIVER DRIVE  
City-St-Zip: MEDLEY, FL 33178

Title: T  
Name: EDWARDS, ISABEL LISTA  
Address: 11100 NW S. RIVER DRIVE  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER L. LISTA

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date