


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90297 006 ***150.00

DOCUMENT # J30102			
1. Entity Name LISA TODD, INC.			
Principal Place of Business % LISA ANN SHAPIRO 8235 S DIXIE HWY MIAMI BEACH, FL 33143		Mailing Address % LISA ANN SHAPIRO 8235 S DIXIE HWY MIAMI BEACH, FL 33143	
2. Principal Place of Business 330 Greco Ave Ste 104		3. Mailing Address 330 Greco Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 104	
City & State Coral Gables FL		City & State Coral Gables FL	
Zip 33146	Country USA	Zip 33146	Country USA
6. Name and Address of Current Registered Agent SHAPIRO, LISA ANN 8235 S DIXIE HWY MIAMI, FL 33143		7. Name and Address of New Registered Agent 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP SHAPIRO, LISA ANN 555 N.E. 34 ST, 2201 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lisa Shapiro, Pres</u>		Date: <u>4/7/04</u> Daytime Phone #: <u>305 415 2637</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

94040300



04012004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2719281** Applied For ☐ Not Applicable ☐

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