## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # M29591** 

1. Entity Name LISA AND BROTHERS INC.

**FILED** May 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3200 N. FEDERAL HWY.

RIVERA, NORBERTO J

FT. LAUDERDALE, FL 33339

PO BOX 39195

POST OFFICE BOX 39195 SUITE 150 FT. LAUDERDALE, FL 33339 FT. LAUDERDALE, FL 33306

6. Name and Address of Current Registered Agent



## DO NOT WRITE IN THIS SPACE

4. FEI Number	 Applied For
59-2652906	Not Applicabl
5. Certificate of Status Desired	\$8.75 Additional

CR2E034 (11/05)

Fee Required

No Chg-P

05012007

## DO NOT WRITE

				IIV	INIS 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 Signature, typed or printed name of registered agent and title ill applicable (NOTE: Registered Agent algorithme required when reinstating)  DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, NORBERTO J PO BOX 39195 FT. LAUDERDALE, FL 33339				000000762985 05/29/07-80034-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/25/01 00054 011 100.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY: ST: ZIP			1				
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 employered to execute this report as a 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 employered.							