


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90019 034 ***150.00

DOCUMENT # M41969	
1. Entity Name LISA AND COMPANY	

Principal Place of Business 2601 BISCAYNE BLVD. MIAMI, FL 33137	Mailing Address 2601 BISCAYNE BLVD. MIAMI, FL 33137
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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60043417



04102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2738832	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD. MIAMI, FL 33137

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDSTEIN, MICHELLE <input type="checkbox"/> Delete 2601 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSTEN, SHERRI <input type="checkbox"/> Delete 2601 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTER, CARY <input type="checkbox"/> Delete 2601 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, ROGER <input type="checkbox"/> Delete 2601 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miller, Michelle
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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	Signature and typed or printed name of signing officer or director	Date	Daytime Phone #
	Miller, Roger	4/29/08	576-6333