


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # M61689
1. Entity Name
LISA LEA, INC.



Principal Place of Business Mailing Address
12525 N.E. 1ST COURT P.O. BOX 610902
NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33261

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0013525** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEE, MARIA
12525 N.E. 1 COURT
NORTH MIAMI, FL 33161

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000272003
03/21/05-80073-001 155.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEE, MARIA
STREET ADDRESS	12525 N.E. 1ST COURT
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	P
NAME	LEE, MARIA
STREET ADDRESS	12525 NE 1ST ST
CITY-ST-ZIP	N MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Maria Lee 3-16-05 305-769-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #