



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000034319	
1. Entity Name THE MARISA GROUP WAREHOUSES, INC.	



Principal Place of Business 6813 S W 81ST STREET STE A MIAMI, FL 33143	Mailing Address 6813 S W 81ST STREET STE A MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE

	
01142008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 65-1091491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LISTA, WALTER L 12961 DEVA STREET CORAL GABLES, FL 33156

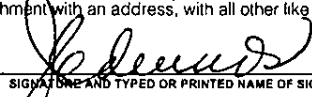
DO NOT WRITE IN THIS SPACE

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: 
<small>(NOTE: Registered Agent signature required when reissuing)</small>	

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	U00000733887 01/30/08-80046-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LISTA, WALTER L 12961 DEVA ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTA, MARTA V 12961 DEVA ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, ISABEL L 11951 SW 124 TERRACE MIAMI, FL 33186
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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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: 	Treasurer 1/12/08 305 665 7765
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	