

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000058317

Entity Name
LISARON ENTERPRISES, INC.



Principal Place of Business
9960 SW 160 STREET
MIAMI, FL 33157

Mailing Address
9960 SW 160 STREET
MIAMI, FL 33157



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0449601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTE, SHIRLEY C
9960 SW 160 STREET
MIAMI, FL 33157

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

000000157271
05/05/04-80020-007 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HUNTE, SHIRLEY C
STREET ADDRESS 9960 SW 160 STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE S
NAME WRIGHT, DIONNE
STREET ADDRESS 16120 SW 98 COURT
CITY-ST-ZIP MIAMI, FL 33157

TITLE T
NAME ALLEN, NANCY
STREET ADDRESS 9960 S W 160 STREET
CITY-ST-ZIP MIAMI, FL 331573267

TITLE BM
NAME WILL, LYNDONAA
STREET ADDRESS 6143 S W 62 TER
CITY-ST-ZIP S MIAMI, FL 33143

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)(f), 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 #