2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000080625

Entity Name: LIGISA, CORP.

Current Principal Place of Business:

541 PHILLIPS DR
BOCA RATON, FL 33432

New Principal Place of Business:

745 OAK SHADOWS ROAD
CELEBRATION, FL 34747

Current Mailing Address:

541 PHILLIPS DR
BOCA RATON, FL 33432

New Mailing Address:

745 OAK SHADOWS ROAD
CELEBRATION, FL 34747

FEI Number: 16-1617720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARRA, EDUARDO
541 PHILLIPS DR
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

PARRA, EDUARDO
745 OAK SHADOWS ROAD
CELEBRATION, FL 34747 US

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.

SIGNATURE: EDUARDO PARRA 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PARRA, JOSE A
Address: 10701 SAN BERNARDINO WAY
City-St-Zip: BOCA RATON, FL 33428

Title: DV ( ) Delete
Name: PARRA, ENMA S
Address: 10701 SAN BERNARDINO WAY
City-St-Zip: BOCA RATON, FL 33428

Title: DV ( ) Delete
Name: PARRA, GISELA
Address: 10701 SAN BERNARDINO WAY
City-St-Zip: BOCA RATON, FL 33428

Title: DV ( ) Delete
Name: PARRA, EDUARDO
Address: 541 PHILLIPS DR
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: PARRA, EDUARDO
Address: 745 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO PARRA DIR 04/30/2009
Electronic Signature of Signing Officer or Director Date