2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136569

Entity Name: LISA RIAMONDE, P.A.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2605 RANKIN PLACE 11111 LAKE TAHOE DRIVE VALRICO, FL 33594 RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

11111 LAKE TAHOE DRIVE 1028 VISTA CAY CT BRANDON, FL 33511 RIVERVIEW, FL 33569

FEI Number: 20-0424463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RIAMONDE, LISA 11111 LAKE TAHOE DRIVE RIAMONDE, LISA 2605 RANKÍN PLACE US RIVERVIEW, FL 33569 VALRICO, FL 33594

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: LISA RIAMONDE 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition RIAMONDE, LISA PRES RIAMONDE, LISA PRES Name: Name: 2605 RANKIN PLACE 11111 LAKE TAHOE DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: RIVERVIEW, FL 33569

VS Title: (X) Change () Addition Title: () Delete

RIAMONDE, LISA G VP RIAMONDE, RAUL VP Name: 2605 RANKIN PLACE 11111 LAKE TAHOE DRIVE Address: RIVERVIEW, FL 33569 VALRICO, FL 33594 City-St-Zip:

Title: () Delete Title: (X) Change () Addition TRES TRES RIAMONDE, LISA G TREAS RIAMONDE, LISA G TREAS Name: Name: 2605 RANKIN PLACE 11111 LAKE TAHOE DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete Title: SECR (X) Change () Addition RIAMONDE, LISA G SECR. RIAMONDE, GINA L SECR. Name: Name: Address: 2605 RANKIN PLACE Address: 11111 LAKE TAHOE DRIVE City-St-Zip: City-St-Zip: VALRICO, FL 33594 RIVERVIEW, FL 33569

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: LISA RIAMONDE **PRES** 04/29/2009