


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90020 016 ***150.00

DOCUMENT # P03687
 1. Entity Name
RISA PROPERTY COMPANY



Principal Place of Business
 265 SUNRISE AV./STE. 204
 PALM BEACH, FL 33480

Mailing Address
 265 SUNRISE AV., STE. 204
 PALM BEACH, FL 33480

50005061

2. Principal Place of Business
 220 Sunrise Avenue
 Suite, Apt. #, etc.
 206
 City & State
 Palm Beach, FL
 Zip 33480 Country USA

3. Mailing Address
 220 Sunrise Avenue
 Suite, Apt. #, etc.
 206
 City & State
 Palm Beach, FL
 Zip 33480 Country USA



02142006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-2521678

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LISI, ANDREA
 265 SUNRISE AVENUE, #204
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
 Name Andrea Lisi
 Street Address (P.O. Box Number is Not Acceptable)
220 Sunrise Avenue
Suite 206
 City Palm Beach **FL** Zip Code 33480

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] (NOTE: Registered Agent signature required when reinstating)

DATE 3/20/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	LISI, ANDREA S 265 SUNRISE AVE., STE 204 PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	
TITLE P	Lisi, Andrea S 220 Sunrise Avenue, Suite 206 Palm Beach, FL 33480		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	SAFRAN, PAUL, JR. 265 SUNRISE AV., #204 PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	
TITLE STD	Safran, Paul Jr. 220 Sunrise Avenue, Suite 206 Palm Beach, FL 33480		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] Date 3/20/06 Daytime Phone # 961-832-5696