2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03687 1. Entity Name RISA PROPERTY COMPANY Principal Place of Business 220 SUNRISE AVE SUITE 206

FILED Mar 02, 2007 08:00 AM Secretary of State

CR2E034 (11/05)



02272007

## DO NOT WRITE IN THIS SPACE

Mailing Address

SUITE 206

220 SUNRISE AVE

PALM BEACH, FL 33480

4. FEI Number		Applied For
59-2521678		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

LISI, ANDREA 220 SUNRISE AVE SUITE 206 PALM BEACH, FL 33480

PALM BEACH, FL 33480

## DO NOT WRITE IN THIS SPACE

No Chg-P

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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 and 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 and 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the purpose of changing its registered agent age					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LISI, ANDREA S 220 SUNRISE AVE SUITE 206 PALM BEACH, FL 33480 STD SAFRAN, PAUL, JR.	TORS			000000653261 03/13/07-80015-003 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 SUNRISE AVE SUITE 206 PALM BEACH, FL 33480			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>IN</b>	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-S1-ZIP				•	
12. Thereby certify that the information supplied with this filling 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 eccurate and that my supplayer shall have the same legal effect as if made under path; that I am an officer or director.					

12. I hereby certify that the information supplied with this filling 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 in an address, with all other like empowered.

SIGNATURE:/

2127107 (501)832-569L