2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 24, 2008 08:00 Al Secretary of State DOCUMENT # P03687 RISA PROPERTY COMPANY Principal Place of Business Mailing Address 220 SUNRISE AVE 220 SUNRISE AVE SUITE 206 **SUITE 206** PALM BEACH, FL 33480 PALM BEACH, FL 33480 01172008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2521678 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Pee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE LISI, ANDREA 220 SUNRISE AVE IN THIS SPACE **SUITE 206** PALM BEACH, FL 33480 8. The above named entity Opmits 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LISI, ANDREA S NAME 220 SUNRISE AVE SUITE 206 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 STD TITLE `U00000794160 × SAFRAN, PAUL, JR. NAME 01/25/08480038+002*f*150:00 220 SUNRISE AVE SUITE 206 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 trustree 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 a address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR