## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED AN	NUAL REPORT				
DOCUMENT # P03687  1. Entity Name RISA PROPERTY COMPANY	٠		FIL	.ED	
		NE INC	2008 MAY -5	DM 1.00	
Principal Place of Business	Mailing Address				
220 SUNRISE AVE Suite 206	220 SUNRISE AVE Suite 206		SECRETARY TALLAHASSE	OF STATE	
PALM BEACH, FL 33480	PALM BEACH, FL 33480		IALLAHASSE		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	· ·			
8412 Native Dancer Road Suite, Apt. #, etc.	8412 Native Dancer Road Suite, Apt. #, etc.		-	ODOFFOOA (40(00))	
			04282008 Chg-P	CR2E034 (12/06)	
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL		4. FEI Number 59-2521678	Applied For Not Applicable	
Zip Country 33418 USA		Country USA	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Curren		USA	7. Name and Address of New	Fee Required Registered Agent	
LIOLANDREA		Name Charl	Name Charles D. Barnett		
LISI, ANDREA 220 SUNRISE AVE			Street Address (P.O. Box Number is Not Acceptable)		
SUITE 206 PALM BEACH, FL 33480		8412 Nat	8412 Native Dancer Road		
77 EM BESTOTI, 1 E 00 100		City		FL Zip Code 33418	
The above named entity submits this statement for the purpose of changing its registers.		1	Palm Beach Gardens  Colorida Florida I am familiar with, and accept and office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligations of registered agent.					
SIGNATURE Charles X	Jarnel		3	11/08	
Signature, typed or printed name of registerod agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) * DATE					
Amended AR is \$61.25	9. Election Campaign Trust Fund Contribu	~ _ **	5.00 May Be ded to Fees		
10. OFFICERS AND	DIRECTORS	11.	The state of the s	FFICERS AND DIRECTORS IN 11	
TITLE P NAME LIST ANDREAS	P \(\times\) Delete IIII.		T arles D. Barnett	Change 🔀 Addition	
STREET ADDRESS 220 SUNRISE AVE SUITE 206			12 Native Dancer Roa	ad	
CITY-SI-ZIP PALM BEACH, FL 33480 TITLE STD	[59] A		ılm Beach Gardens, F		
NAME SAFRAN, PAUL, JR.	□ Delete	TITLE NAME	1001292 05/13/0801030	220911 \ Addition	
STREET ADDRESS 220 SUNRISE AVE SUITE 206 CITY-ST-ZIP PALM BEACH, FL 33480		STREET ADDRESS CITY-ST-ZIP	05/13/0801030	016 **61.25	
TITLE FALIN BEACH, TE 33400	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME		_   _	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TIFLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE SAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
VHÉET ADDRESS		STREET ADDRESS			
ČITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-SI-ZIP  12. Thereby certify that the information supplied with	h this filing does not qualify for th	CITY-ST-ZIP	od in Chapter 110. Florida Statuto	I further godily that the informer	
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: Seaules (	( / )arnott	Charles D. Ba	$_{\rm rnett}$ $\dot{\mathcal{S}}/1/00$	561-622-6655	
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR I	DIRECTOR	Date	Daytime Phone #	