

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 029 ***150.00

DOCUMENT # P07000021196																																																																																																																																																																																			
1. Entity Name LISO GROUP INC																																																																																																																																																																																			
Principal Place of Business 1398 WEST 72 STREET HIALEAH, FL 33014			Mailing Address 1398 WEST 72 STREET HIALEAH, FL 33014																																																																																																																																																																																
2. Principal Place of Business - No P.O. Box # 1235 W 66th ST		3. Mailing Address 1235 W 66th ST																																																																																																																																																																																	
Suite, Apt. #, etc. 10		Suite, Apt. #, etc. 10																																																																																																																																																																																	
City & State HIALEAH, FL		City & State HIALEAH, FL		4. FEI Number 20-154021																																																																																																																																																																															
Zip 33012		Country US		5. Certificate <input type="checkbox"/> Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																															
6. Name and Address of Current Registered Agent ALONSO-TAMAYO, LISANDRO 1398 WEST 72 STREET HIALEAH, FL 33014			7. Name and Address of New Registered Agent Name: ALONSO-TAMAYO, LISANDRO Street Address (P.O. Box Number is Not Acceptable): 1235 W 66th ST APT # 10 City: HIALEAH FL Zip Code: 33012																																																																																																																																																																																
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PRES</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">ALONSO-TAMAYO, LISANDRO</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ALONSO-TAMAYO, LISANDRO</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ALONSO-TAMAYO, LISANDRO</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1398 WEST 72 STREET</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1235 W 66th ST APT # 10</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">HIALEAH, FL 33014</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">HIALEAH, FL 33012</td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PRES	<input type="checkbox"/> Delete	TITLE	ALONSO-TAMAYO, LISANDRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ALONSO-TAMAYO, LISANDRO		NAME	ALONSO-TAMAYO, LISANDRO		STREET ADDRESS	1398 WEST 72 STREET		STREET ADDRESS	1235 W 66th ST APT # 10		CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	HIALEAH, FL 33012								TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP		
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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.																																																																																																																																																																																			
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