

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000021893

1. Entity Name
LISA MARIE RESTAURANT, CORP.



Principal Place of Business
1147 W 68TH ST
HIALEAH, FL 33014 US

Mailing Address
~~1147 W 68TH ST~~
~~HIALEAH, FL 33014~~ US
8740 NW 150 TERRACE
MIAMI LAKES, FL 33018

FILED
05 DEC 19 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0475479 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MESA, ALFREDO
~~8902 NW 145 LANE~~ 8740 NW 150 TERRACE
~~HIALEAH, FL 33018~~ MIAMI LAKES, FL 33018

DO NOT WRITE
IN THIS SPACE

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: 12/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by October 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MESA, ALFREDO H
STREET ADDRESS ~~8902 NW 145 LANE~~ 8740 NW 150 TERRACE
CITY-ST-ZIP ~~HIALEAH, FL 33018~~ MIAMI LAKES, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600061744076
12/21/05--01055--004 **208.75

600061744076
11/29/05--01012--011 **550.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/05 (305) 5581431
Date Daytime Phone #