

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90071 032 \*\*\*158.75

<b>DOCUMENT # P94000021893</b>	
1. Entity Name <b>LISA MARIE RESTAURANT, CORP.</b>	



Principal Place of Business <b>1147 W 68TH ST HIALEAH, FL 33014 US</b>	Mailing Address <b>8740 NW 150 TERRACE MIAMI LAKES, FL 33018</b>
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**60017843**



2. Principal Place of Business <b>8740 NW 150 Terr</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262006 Chg-P CR2E034 (11/05)

City & State <b>MIAMI LAKES, FL</b>	City & State
Zip <b>33018</b>	Country

4. FEI Number <b>65-0475479</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MESA, ALFREDO 8740 NW 150 TERRACE MIAMI LAKES, FL 33018</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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 DATE **1/31/06**  
Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESA, ALFREDO H 8740 NW 150 TERRACE MIAMI LAKES, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: **ALFREDO MESA** **1/31/06** **(305) 827 3949**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #