

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021392

Entity Name: LISA ENTERPRISE GROUP, INC.

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

P.O.B #170765
HIALEAH, FL 33017

New Principal Place of Business:

18459 PINES BLVD
SUITE # 330
PEMBROKE PINES, FL 33029

Current Mailing Address:

P.O.B #170765.
HIALEAH, FL 330017-07

New Mailing Address:

18459 PINES BLVD
SUITE # 330
PEMBROKE PINES, FL 33029

FEI Number: 65-0651263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRYCE, LASCELLES
P O BOX 170765
HIALEAH, FL 33017 US

Name and Address of New Registered Agent:

PRYCE, LASCELLES
18459 PINES BLVD
SUITE # 330
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: LASCELLES D. PRYCE JR.

03/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRYCE, LASCELLES D II
Address: P.O.B. # 170765
City-St-Zip: HIALEAH, FL 33017 65

Title: VP () Delete
Name: PRYCE, LASCELLES D III
Address: P O BOX # 170765
City-St-Zip: HIALEAH, FL 33017

Title: VP () Delete
Name: BALBUENA, LUCIA
Address: P O BOX # 170765
City-St-Zip: HIALEAH, FL 33017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRYCE, LASCELLES D II
Address: 18459 PINES BLVD SUITE # 330
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change () Addition
Name: PRYCE, LASCELLES D III
Address: 18459 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change () Addition
Name: PRYCE, LUCIA
Address: 18459 PINES BLVD SUITE # 330
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LASCELLES D. PRYCE JR.

PRES

03/01/2007

Electronic Signature of Signing Officer or Director

Date