## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000084221

Entity Name: ILLICARPA INIVESTMENTS (LISA) INC

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
5900 CASA DEL REY C ORLANDO, FL 32809	IR.	·	
Current Mailing Address:		New Mailing Address:	
P.O. BOX 1650 WINDEMERE, FL 3478	61650		
FEI Number: 59-3470554	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
ORCHILLES, FRANCIS 5900 CASA DEL REY C ORLANDO, FL 32809			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:			

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete ORCHILLES, FRANCISCO JR Name: 5900 CASA DEL RAY CIR Address: City-St-Zip: ORLANDO, FL 32809

Title: VΡ () Delete ORCHILLES, JUAN C Name: Address: 5900 CASA DEL RAY CIR ORLANDO, FL 32809 City-St-Zip:

Title: (X) Change ( ) Addition ORCHILLES, FRANCISCO JR Name: Address: 5900 CASA DEL REY CIR City-St-Zip: ORLANDO, FL 32809

Title: VΡ (X) Change ( ) Addition ORCHILLES, JUAN C

Name: Address: 5900 CASA DEL REY CIR ORLANDO, FL 32809 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

VΡ SIGNATURE: JUAN C. ORCHILLES 01/05/2009