2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000084454



1. Entity Name
LARISA CORPORATION

FILED May 01, 2008 08:00 AN Secretary of State

Mailing Address Principal Place of Business 30569 US HWY 19 N 30569 US HWY 19 N PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 04192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3535561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARKOS, CHRIS 30569 US HWY 19 N PALM HARBOR, FL 34684 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 acceptthe obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARKOS, CHRIS NAME STREET ADDRESS 5624 PILOTS PLACE CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 a

CHRIS

Davime Phone #