



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90274 025 \*\*\*158.75

<b>DOCUMENT # P99000086140</b> 1. Entity Name <b>LISSADE AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>12550 BISCAYNE BLVD., #500 NORTH MIAMI, FL 33181</b>			Mailing Address <b>2020 NE 135TH ST 511 NORTH MIAMI, FL 33181</b>		
2. Principal Place of Business <b>3750 NW 28th St</b> Suite, Apt. #, etc. <b>201</b>		3. Mailing Address <b>3750 NW 28th St</b> Suite, Apt. #, etc. <b>201</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0951893</b>	
Zip <b>33142</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LISSADE, FLORENCE 12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181</b>				7. Name and Address of New Registered Agent Name <b>Florence Lissade</b> Street Address (P.O. Box Number is Not Acceptable) <b>3750 NW 28th St #201</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33142</b>	
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: <u><i>Florence Lissade</i></u> DATE: <u>1-10-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LISSADE, FLORENCE 12550 BISCAYNE BLVD., SUITE 500 MIAMI, FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Lissade, Florence 3750 NW 28th St #201 Miami, FL 33142</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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		
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: <u><i>Florence Lissade</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-10-06</u> Daytime Phone #: <u>305-634-7388</u>			