

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # S66016	
1. Entity Name B LISA, INC.	

Principal Place of Business 14045 SW 30TH ST. MIAMI FL 33175	Mailing Address 1005 S.W. 87TH AVENUE MIAMI FL 33174-3208
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 65-0300742	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent MESA, JORGE 14045 SW 30 ST MIAMI FL 33175	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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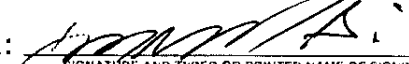
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and state the title.	NOTE: Registered agent signature required when appointing agent.	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete	NAME MESA, SONIA	TITLE ☐ Change ☐ Addition	NAME U00000939188
STREET ADDRESS 14045 SW 30 ST	CITY-ST-ZIP MIAMI FL 33175	STREET ADDRESS	CITY-ST-ZIP 05/28/08-80012-022 150.00
TITLE DP ☐ Delete	NAME MESA, JORGE	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 14045 SW 30 ST	CITY-ST-ZIP MIAMI FL 33175	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	JORGE MESA	4/17/2008	305-266-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			