

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M61689

**Entity Name:** LISA LEA, INC.

**Current Principal Place of Business:**

13880 NE 6 AVE  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

P.O. BOX 610902  
NORTH MIAMI, FL 33261

**FEI Number: 65-0013525**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LEE, MARIA  
12525 N.E. 1 COURT  
NORTH MIAMI, FL 33161 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LEE, MARIA  
Address 12525 N.E. 1ST COURT  
City-State-Zip: NORTH MIAMI FL 33161

Title P  
Name LEE, MARIA  
Address 12525 NE 1ST ST  
City-State-Zip: NORTH MIAMI FL 33161

Title VP/D  
Name LEE, JEROME  
Address 6406 WINGATE STREET  
City-State-Zip: ALEXANDRIA VA 22312

*I hereby 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 all other like empowered.*

**SIGNATURE: MARIA LEE**

**DIRECTOR**

**02/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date