

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90287 034 \*\*\*150.00

**60025617**



**DOCUMENT # P99000051593**

1. Entity Name  
**BARBARA VITTORIA, LCSW, P.A.**



Principal Place of Business  
**1500 MADRUEA AVE., #325  
CORAL GABLES, FL 33146 US**

Mailing Address  
**1500 MADRUEA AVE., #325  
CORAL GABLES, FL 33146 US**

2. Principal Place of Business  
**100 NE 15 STREET  
Suite, Apt. #, etc. **103**  
City & State **HOMESTEAD FL**  
Zip **33030** Country **USA****

3. Mailing Address  
**100 NE 15 STREET  
Suite, Apt. #, etc. **103**  
City & State **HOMESTEAD FL**  
Zip **33030** Country **USA****

04052006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0931634**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VITTORIA, BARBARA  
6280 SUNSET DRIVE STE 506  
MIAMI, FL 33143**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**100 NE 15 STREET #103**  
City **HOMESTEAD** FL Zip Code **33030**

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 use if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VITTORIA, BARBARA 1500 MADRUEA AVE., #325 CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>100 NE 15 STREET #103 HOMESTEAD, FL 33030</b>
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
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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: **Barbara Vittoria**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X04/07/06 (305)248-7190**  
DATE DAYTIME PHONE #