


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G05688</b>	
1. Entity Name LAWRENCE W. LIVOTI, P.A.	

Principal Place of Business 600 SOUTH ANDREWS AVENUE SUITE 406 FT. LAUDERDALE, FL 33301 US	Mailing Address 600 SOUTH ANDREWS AVENUE SUITE 406 FT. LAUDERDALE, FL 33301 US
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**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2232194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LIVOTI, LAWRENCE W.  
600 SOUTH ANDREWS AVENUE  
SUITE 406  
FT. LAUDERDALE, FL 33301

**DO NOT WRITE  
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 accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIVOTI, LAWRENCE W. 600 SOUTH ANDREWS AVENUE, SUITE 406 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000210251  
02/02/05-80070-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1/31/05 (954) 523 2050

Daytime Phone #