


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K12032 Entity Name PREVE LIBERATORE BARTON & CO.	
---	---

Principal Place of Business 1200 BRICKELL AVENUE #750 MIAMI, FL 33131 US	Mailing Address 1200 BRICKELL AVENUE #750 MIAMI, FL 33131 US
--	--



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0043888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVAREZ, VICTOR M. 200 S BISCAYNE BLVD MIAMI, FL 33131	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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	PREVE, DAVID J.
STREET ADDRESS	1200 BRICKELL AVE, SUITE 750
CITY-ST-ZIP	MIAMI, FL 331313255
TITLE	DV
NAME	LIBERATORE, BARBARA L.
STREET ADDRESS	1200 BRICKELL AVE, SUITE 750
CITY-ST-ZIP	MIAMI, FL 331313255
TITLE	DT
NAME	BARTON, CHARLES V.
STREET ADDRESS	1200 BRICKELL AVE, SUITE 750
CITY-ST-ZIP	MIAMI, FL 331313255
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000448644
 03/09/06-80023-004 150.00

DO NOT WRITE IN THIS SPACE

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:  **2/24/2006** **305 375 8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #