## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 08:00 AM Secretary of State

DOCUMENT # P01000120332
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1. Entity Name

LAW OFFICE OF RICHARD T. DONATO, P.A., INC.



Principal Place of Business

Mailing Address

7700 DAVIE RD EXTENSION HOLLYWOOD, FL 33024

7700 DAVIE RD EXTENSION HOLLYWOOD, FL 33024



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 30-0020224 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DONATO, RICHARD T 7700 DAVIE RD EXTENSION HOLLYWOOD, FL 33024

## DO NOT WRITE IN THIS SPACE

HOLLYWOOD, FL 33024				IN THIS SPACE		
3. 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 A	Agent signatur	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DONATO, RICHARD T 7700 DAVIE RD EXTENSION HOLLYWOOD, FL 33024					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					017.137.09_90001_019_120.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE					-	

12. Thereby certify that the information supplied with this filling 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 of truster exposured 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 attachagent with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/06

(954)964-0000

Daytime Phone #