


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000013049 1. Entity Name THE LAW OFFICES OF JAMES V. FACCILOLO, III, P.A.		
Principal Place of Business 1975 E SUNRISE BLVD 701 FORT LAUDERDALE, FL 33304	Mailing Address 1975 E SUNRISE BLVD 701 FORT LAUDERDALE, FL 33304	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FACCILOLO, JAMES V III 1975 E SUNRISE BLVD SUITE 701 FORT LAUDERDALE, FL 33304		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 _____ <small>Signature of holder or clerk of registered agent and fee if applicable. (NOT for Registered Agent Signature Required when not holding)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FACCILOLO, JAMES V III 1975 E SUNRISE BLVD, STE 701 FORT LAUDERDALE, FL 33304	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1619973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

100000552324
05/15/06-80005-023 150.00

**DO NOT WRITE
IN THIS SPACE**

April 25, 2006