


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P04000042529</b>   |  |
| 1. Entity Name<br><b>LAW FIRM OF CATHERINE FAVITTA, ESQ.,<br/>PROFESSIONAL ASSOCIATION</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2717 WEST CYPRESS CREEK RD., STE. #1136<br/>FT. LAUDERDALE, FL 33309</b> | Mailing Address<br><b>2717 WEST CYPRESS CREEK RD., STE. #1136<br/>FT. LAUDERDALE, FL 33309</b> |
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>90-0151224</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>FAVITTA, CATHERINE<br/>2717 WEST CYPRESS CREEK RD., STE. #1136<br/>FT. LAUDERDALE, FL 33309</b> |
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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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FAVITTA, CATHERINE<br>2717 WEST CYPRESS CREEK RD., STE. #1136<br>FT. LAUDERDALE, FL 33309 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FAVITTA, GARY<br>2717 WEST CYPRESS CREEK RD., STE. #1136<br>FT. LAUDERDALE, FL 33309      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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02/02/06-80031-012 150.00

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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: *Catherine Favitta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 951  
Date Daytime Phone # 536-4910