

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90144 008 \*\*\*150.00

**DOCUMENT # P04000042529**



1. Entity Name  
**LAW FIRM OF CATHERINE FAVITTA, ESQ.,  
PROFESSIONAL ASSOCIATION**

Principal Place of Business

**2717 WEST CYPRESS CREEK RD., STE. #1136  
FT. LAUDERDALE, FL 33309**

Mailing Address

**2717 WEST CYPRESS CREEK RD., STE. #1136  
FT. LAUDERDALE, FL 33309**

400100



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0151224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FAVITTA, CATHERINE  
2717 WEST CYPRESS CREEK RD., STE. #1136  
FT. LAUDERDALE, FL 33309**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FAVITTA, CATHERINE
STREET ADDRESS	2717 WEST CYPRESS CREEK RD., STE. #1136
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D
NAME	FAVITTA, GARY
STREET ADDRESS	2717 WEST CYPRESS CREEK RD., STE. #1136
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

Date

954-532-4910

Daytime Phone #