

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90061 046 ***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

2. Principal Place of Business - No P.O. Box #
800 SE 3rd Avenue
Suite, Apt. #, etc.
Suite 400
City & State
Fort Lauderdale, Fla.
Zip
33316
Country
USA

3. Mailing Address
800 SE 3rd Avenue
Suite, Apt. #, etc.
Suite 400
City & State
Fort Lauderdale, Fla.
Zip
33316
Country
USA



01072008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
800 SE 3rd Avenue
Suite 400
City
Fort Lauderdale FL Zip Code
33316

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 Catherine Favitta 1-7-08
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, 2008 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	<input type="checkbox"/> Delete
NAME	FAVITTA, CATHERINE	
STREET ADDRESS	2717 WEST CYPRESS CREEK RD., STE. #1136	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	800 SE 3rd Avenue	<input type="checkbox"/> Delete
NAME	Suite 400	
STREET ADDRESS	Fort Lauderdale, Fla	
CITY-ST-ZIP	33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 1-7-08 954-767-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #