

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 15, 2006 08:00 AM

Secretary of State

CHECK # 198

DOCUMENT #P04000071719

1. Entity Name
FAVRE-SANCHEZ, INC.



Principal Place of Business
**4143 SUSSEX AVE.
LAKE WORTH, FL 33461**

Mailing Address
**4143 SUSSEX AVE.
LAKE WORTH, FL 33461**



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1996478** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FAVRE, LEONIDES R
4143 SUSSEX AVE.
LAKE WORTH, FL 33461**

**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]*
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/06
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 **P**
NAME **FAVRE, LEONIDES R**
STREET ADDRESS **4143 SUSSEX AVE.**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE **V**
NAME **SANCHEZ, LEYVA O**
STREET ADDRESS **4143 SUSSEX AVENUE**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

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000000435342
02/25/06-80038-014 150.00

**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]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/06 **561-7195683**
Date Daytime Phone #