

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120657

Entity Name: CATHY STRAFACI, P.A.

FILED  
Jan 31, 2007  
Secretary of State

## Current Principal Place of Business:

450 ALTON ROAD  
2210  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

4250 LENNOX DRIVE  
COCONUT GROVE, FL 33133

## Current Mailing Address:

450 ALTON ROAD  
2210  
MIAMI BEACH, FL 33139

## New Mailing Address:

4250 LENNOX DRIVE  
COCONUT GROVE, FL 33133

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRAFACI, CATHY  
450 ALTON ROAD  
2210  
MIAMI, FL 33139 US

## Name and Address of New Registered Agent:

STRAFACI, CATHY  
4250 LENNOX DRIVE  
COCONUT GROVE, FL 33133      US

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.

SIGNATURE: CATHY STRAFACI

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:                      PS                      ( ) Delete  
Name:                      STRAFACI, CATHY  
Address:                      450 ALTON  
City-St-Zip:                      MIAMI, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:                      PS                      (X) Change ( ) Addition  
Name:                      STRAFACI, CATHY  
Address:                      4250 LENNOX DRIVE  
City-St-Zip:                      COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY STRAFACI

PS

01/31/2007

Electronic Signature of Signing Officer or Director

Date