


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90083 004 \*\*\*150.00

DOCUMENT # P06000070834			
1. Entity Name THE LEVITAN GROUP, INC.			
Principal Place of Business 1790 CORAL WAY 445 Grand Bay Dr. FIRST FLOOR #501 MIAMI FL 33145 Key Biscayne, FL. 33149		Mailing Address 1790 CORAL WAY 445 Grand Bay Dr. FIRST FLOOR #501 MIAMI FL 33145 Key Biscayne, FL. 33149	
2. Principal Place of Business - No P.O. Box # 445 Grand Bay Dr.		3. Mailing Address Same as #2	
Suite, Apt. #, etc. #501		Suite, Apt. #, etc.	
City & State Key Biscayne, FL		City & State	
Zip 33149	Country United States	Zip	Country
6. Name and Address of Current Registered Agent CRISTINA SAMMATARO, P.A. 231 ISLAND DRIVE KEY BISCAINE FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. LEVITAN, AIDA Levitan, Aida 1790 CORAL WAY, FIRST FLOOR 445 Grand Bay Dr. MIAMI FL 33145 #501 Key Biscayne, FL. 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/O Dr. Aida Levitan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 Grand Bay Dr. #501 Key Biscayne, FL. 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Aida Levitan (Aida Levitan)</u>		02-01-07 305/361-7831	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/06)

4. FEI Number  
20-4924612

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