


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000052558**  
 1. Entity Name  
**LEVENSON, KATZIN & BALLOTTA, P.A.**



Principal Place of Business 7901 S.W. 6 COURT SUITE 140 PLANTATION, FL 33324 US	Mailing Address 7901 S.W. 6 COURT SUITE 140 PLANTATION, FL 33324 US
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01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0680306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHASE, ALAN R  
 9400 S. DADELAND BLVD.  
 SUITE 400  
 MIAMI, FL 33156

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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 re-registering) 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	D
NAME	KATZIN, ALFRED J CPA
STREET ADDRESS	7901 S.W. 6 COURT SUITE 140
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	BALLOTTA, RAYMOND A CPA
STREET ADDRESS	7901 S.W. 6 COURT SUITE 140
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	BALLOTTA, MICHAEL R CPA
STREET ADDRESS	7901 S.W. 6 COURT SUITE 140
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/13/06-80079-001 150.00

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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: Alfred Katzin 1/27/06 (954) 961-1940  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #