

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079339

FILED  
May 04, 2006  
Secretary of State

Entity Name: MICHELLE FAVA CAPITANO, P.A.

## Current Principal Place of Business:

1320 E. 9TH AVENUE  
2ND FLOOR  
TAMPA, FL 33605 US

## New Principal Place of Business:

## Current Mailing Address:

220 RIVERSIDE BLVD  
#19B  
NEW YORK, NY 10069

## New Mailing Address:

ONE COLUMBUS PLACE  
#S33H  
NEW YORK, NY 10019

FEI Number: 59-3409796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITANO, JOSEPH JR  
1320 E. 9TH AVENUE  
2ND FLOOR  
TAMPA, FL 33605 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: M ( ) Delete  
Name: CAPITANO, MICHELLE F ESQ.  
Address: 1320 E. 9TH AVENUE, 2ND FLOOR  
City-St-Zip: TAMPA, FL 33605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHELLE FAVA CAPITANO

OWNE

05/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date