

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000002997**

1. Entity Name  
LISA MORANTZ, P.A.



Principal Place of Business

3840 W. HILLSBORO BLVD. #103  
DEERFIELD BEACH, FL 33442

Mailing Address

3840 W. HILLSBORO BLVD. #103  
DEERFIELD BEACH, FL 33442



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0900041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SANTALUCIA, LISA  
4870 ROTHSCHILD DRIVE  
CORAL SPRINGS, FL 33067

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 SANTALUCIA, LISA  
STREET ADDRESS 3840 W. HILLSBORO BLVD. #103  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE  
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CITY-ST-ZIP

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U00000578942  
01/09/07-80050-003 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/07  
Date

954 426-9253  
Daytime Phone #