

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000043823

1. Entity Name

LEVENTHAL AND GIARRACCO, P.A.



Principal Place of Business

8540 STATE ROAD 84
DAVIE, FL 33324

Mailing Address

8540 STATE ROAD 84
DAVIE, FL 33324

DO NOT WRITE IN THIS SPACE



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0924377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIARRACCO, PETER
8540 STATE RD 84
FT LAUDERDALE, FL 33324

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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 - NAME STREET ADDRESS CITY - ST - ZIP	D GIARRACCO, PETER CPA 8540 STATE ROAD 84 DAVIE, FL 33324
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-07

954-4743508