


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000051593</b> 1. Entity Name BARBARA VITTORIA, LCSW, P.A.	
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Principal Place of Business 6280 SUNSET DRIVE STE 506 MIAMI, FL 33143	Mailing Address 6280 SUNSET DRIVE STE 506 MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0931634	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  
  
VITTORIA, BARBARA  
6280 SUNSET DRIVE STE 506  
MIAMI, FL 33143

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VITTORIA, BARBARA 6280 SUNSET DRIVE STE 506 MIAMI, FL 33143
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000000096719  
03/26/04-80008-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Vittoria 3/26/04 (305) 248-7190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #