


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90279 045 ****61.25

DOCUMENT # 753998	
1. Entity Name SOUTH FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.	

Principal Place of Business C/O SHOOK HARDY AND BACON 201 S BISCAYNE BLVD #2400 MIAMI, FL 33131 US	Mailing Address C/O SHOOK HARDY AND BACON 201 S BISCAYNE BLVD #2400 MIAMI, FL 33131 US
---	---

20041711



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent SMITH-BILT, VICKI 201 S BISCAYNE BLVD #2400 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

4. FEI Number 59-2062025	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	-----------------------------	---

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DASHER, LISA			NAME			
STREET ADDRESS	2900 MIDDLE STREET 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEETS, CAROLE M			NAME			
STREET ADDRESS	7990 RED ROAD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIRSCH, DAVID E			NAME			
STREET ADDRESS	1221 BRICKELL AVE., SUITE 2200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKAY, ROBIN			NAME			
STREET ADDRESS	201 S BISCAYNE BLVD., #1920			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEBER, MICHELLE R			NAME	BORRIELLO, SANDRA		
STREET ADDRESS	200 S BISCAYNE BLVD #2500			STREET ADDRESS	777 BRICKELL AVENUE #500		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	MIAMI FL 33131		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ABRAHAMS, SHARON M			NAME	SMITH-BILT, VICKI		
STREET ADDRESS	201 S BISCAYNE BLVD #2200			STREET ADDRESS	201 S BISCAYNE BLVD #2400		
CITY-ST-ZIP	MIAMI, FL 331314336			CITY-ST-ZIP	MIAMI FL 33131		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: David E. Hirsch DAVID E. HIRSCH 4/19/05 305-789-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #