

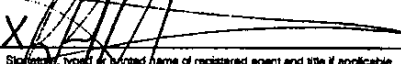
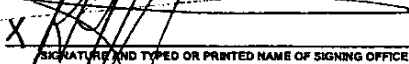


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90068 036 ****70.00

DOCUMENT # 759824					
1. Entity Name BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.					
Principal Place of Business 7154 N. UNIVERSITY DRIVE #299 TAMARAC, FL 33321 US		Mailing Address 7154 N. UNIVERSITY DRIVE #299 TAMARAC, FL 33321 US		<p>40062013</p>  <p>03062008 Chg-NP CR2E037 (12/06)</p>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2119401	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent BLANCO, LEYZA 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Ross Hartog Street Address (P.O. Box Number is Not Acceptable) 9130 S. Dadeland Blvd. Suite 1225 City Miami FL Zip Code 33156					
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 _____		DATE _____	
Filing Fee is \$81.25 Due by May 1, 2008		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 10		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANCO, LEYZA	NAME	Ross Hartog		
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, 7TH FL	STREET ADDRESS	9130 S. Dadeland Blvd. Suite 1225		
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	Miami, FL 33156		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTOG, ROSS	NAME	Paul Keenan		
STREET ADDRESS	9130 SOUTH DADELAND BOULEVARD, SUITE 1225	STREET ADDRESS	1221 Brickell Ave.		
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	Miami, FL 33131		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEENAN, PAUL	NAME	Ileena Christianson		
STREET ADDRESS	1221 BRICKELL AVE	STREET ADDRESS	1221 Brickell Ave. # 1650		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	REDMOND, PATRICIA A	NAME			
STREET ADDRESS	150 W FLAGLER STREET, #2200	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	GENOVESE, JOHN H	NAME			
STREET ADDRESS	100 SE 2ND STREET, SUITE 4400	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	HUTTON, JOHN	NAME			
STREET ADDRESS	1221 BRICKELL AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an address, with all other like empowered.					
SIGNATURE: 		SIGNATURE _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____	