


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90060 011 ****61.25

DOCUMENT # N01000007176					
1. Entity Name COLLABORATIVE FAMILY LAWYERS OF SOUTH FLORIDA, INC.					
Principal Place of Business 2825 W. CYPRESS CREEK RD STE 101 FT. LAUDERDALE, FL 33309			Mailing Address 2825 W. CYPRESS CREEK RD STE 101 FT. LAUDERDALE, FL 33309		
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 65-1154241	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAW, ROBIN C ESQ. 980 N. FEDERAL HWY #404 BOCA RATON, FL 33432			Name <u>STEVEN BEAZNER ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>1040 BAYVIEW DRIVE</u> <u>#605</u> City <u>FT. LAUDERDALE</u> FL <u>33304</u>		
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 <u><i>Steven Beazner</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>5/15/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME BASS, IRIS M ESQ. STREET ADDRESS 2925 W. CYPRESS RD. #101 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>SEE ATTACHED</u>		
TITLE TD NAME BERZNER, STEVEN ESQ. STREET ADDRESS 1040 BAYVIEW DR., STE. 605 CITY-ST-ZIP FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME SHAW, ROBIN ESQ. STREET ADDRESS 980 N. FEDERAL HWY., #404 CITY-ST-ZIP BOCA RATON, FL 334962636	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VPD NAME PETERSON, THERESA ESQ. STREET ADDRESS 2425 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 on an attachment with an address, with all other persons empowered.

SIGNATURE: *Steven Beazner* Date 5/15/07 Daytime Phone # (954) 566-0872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40117321

#NO1000007174

Below, please find the additional Directors to number 10 of the 2007 Annual Report

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