

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50473

FILED
Feb 16, 2011
Secretary of State

Entity Name: ASSOCIATION OF SOUTH FLORIDA MEDIATORS & ARBITRATORS, INC.

Current Principal Place of Business:

C/O JEROME R. SIEGEL,P.A.
6400 N. ANDREWS AVE., STE 505
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

C/O JEROME R. SIEGEL,P.A.
6400 N. ANDREWS AVE., STE 505
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0355827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHLER, MICHAEL A.
1000 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD
Name: JULIA-MILES, ISABEL
Address: 370 W. CAMINO GARDENS BLVD., STE300
City-St-Zip: BOCA RATON, FL 33432

Title: TD
Name: SIEGEL, JEROME R
Address: 6400 N. ANDREWS AVE., STE. 460
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEROME R SIEGEL

TD

02/16/2011

Electronic Signature of Signing Officer or Director

_____ Date