

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000953

FILED
Apr 15, 2009
Secretary of State

Entity Name: COLLABORATIVE FAMILY LAW INSTITUTE, INC.

Current Principal Place of Business:

8525 SW 92 STREET STE B-5
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8525 SW 92 STREET STE B-5
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0995710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODOR, ESQ., JUDITH
8525 S.W. 92ND STREET
SUITE B-5
MIAMI, FL 33156 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: D () Delete
Name: DULBERG, ROBERT ESQ.
Address: 9100 S. DADELAND BLVD.,STE.400
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: FOX, SPENCER ESQ.
Address: 201 S. BISCAYNE BLVD., SUITE 850
City-St-Zip: MIAMI, FL 331314332

Title: D () Delete
Name: GROSSBARD, STEVEN ESQ
Address: 44 W. FLAGLER STREET, SUITE 2100
City-St-Zip: MIAMI, FL 33130

Title: DT () Delete
Name: HODOR, JUDITH ESQ.
Address: 8525 S.W. 92 STREET,STE.B-5
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: ROTH, ROSEMARIE S ESQ
Address: 8525 SW 92ND ST B-5
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: MERLIN, ROBERT
Address: 95 MERRICK WAY, SUITE 420
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH HODOR

DT

04/15/2009

Electronic Signature of Signing Officer or Director

Date