

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007176

**Entity Name:** COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA, INC.

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**1740976743CC**

**Current Principal Place of Business:**

1051 SE 3RD AVENUE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1051 SE 3RD AVENUE  
FORT LAUDERDALE, FL 33316 US

**FEI Number: 65-1154241**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSA, BRAULIO N.  
1051 SE 3RD AVENUE  
FORT LAUDERDALE, FL 33316 US

*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: BRAULIO ROSA**

**01/10/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERMAN, TAMMY MS, LMHC  
Address        817 SOUTH UNIVERSITY DRIVE  
                  SUITE 121  
City-State-Zip: PLANTATION FL 33324

Title            VP  
Name            PEDROSO, FERNANDA ESQ.  
Address        2645 EXECUTIVE PARK DR  
                  SUITE 519  
City-State-Zip: WESTON FL 33331

Title            TREASURER  
Name            COLLADO, MARIANELA CPA  
Address        1000 S. PINE ISLAND ROAD  
                  SUITE 450  
City-State-Zip: PLANTATION FL 33324

Title            SECRETARY  
Name            GOSS, KRISTEN D. ESQ.  
Address        6750 N ANDREWS AVE.  
                  SUITE 200  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            DIRECTOR  
Name            ROSA, BRAULIO N.  
Address        1051 SE 3RD AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

*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: TAMMY BERMAN**

**PRESIDENT**

**01/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date