

**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