

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000532

**Entity Name:** DADE COUNTY DEFENSE BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
#3000  
MIAMI, FL 33131

**Current Mailing Address:**

701 BRICKELL AVENUE  
#3000  
MIAMI, FL 33131

**FEI Number:** 90-0287882

**Certificate of Status Desired:** No

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

DOOLEY-RODRIGUEZ, JOYCE  
701 BRICKELL AVE STE 3000  
MIAMI, FL 33131 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FERNANDEZ, BARBARA  
Address 9155 S. DADELAND BLVD. #1600  
City-State-Zip: MIAMI FL 33156

Title VPD  
Name LEINICKE, JOHN  
Address 2800 PONCE DE LEON BLVD.  
STE. 800  
City-State-Zip: CORAL GABLES FL 33134

Title DT  
Name KASTRENAKES, ELENI DT  
Address 701 BRICKELL AVENUE  
#3000  
City-State-Zip: MIAMI FL 33131

Title DS  
Name PUENTES-LEON, ANGELA  
Address 100 S.E. SECOND STREET  
STE. 4000  
City-State-Zip: MIAMI FL 33131

*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:** BARBARA FERNANDEZ

**PRESIDENT**

**03/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date