

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000049421

Entity Name: NATIONAL NETWORK OF PROFESSIONAL ASSOCIATES
CORP.**Current Principal Place of Business:**4055 N.W. 17TH AVENUE
MIAMI, FL 33142**Current Mailing Address:**18820 WENTWORTH DR.
HIALEAH, FL 33015 US**FEI Number: 80-0343736****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAWFORD, EVAN AESQ.
5455 NW 9 AVENUE
MIAMI, FL 33127 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	PCEO
Name	STUART, ALLAN T
Address	18820 WENTWORTH DR.
City-State-Zip:	HIALEAH FL 33015

Title	V
Name	MERUS, MERILIA
Address	6986 SW 26ST
City-State-Zip:	MIRAMAR FL 33023

Title	V
Name	BUTLER, AMBROSE
Address	9955 N.W. 25TH AVENUE
City-State-Zip:	MIAMI FL 33147

Title	VCOO
Name	BUTLER, SCARLET
Address	18820 WENTWORTH DR.
City-State-Zip:	HIALEAH FL 33015

Title	T
Name	LYONS, JENITA
Address	443 EAGLE BLVD
City-State-Zip:	KINGSLAND GA 31548

Title	S
Name	MOORE, PAMELA
Address	15554 S.W. 51 PLACE
City-State-Zip:	MIRAMAR FL 33027

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN T. STUART**PCEO****04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date