

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748158

FILED
Apr 28, 2004
Secretary of State**Entity Name:** SOUTH FLORIDA PARALEGAL ASSOCIATION, INC.**Current Principal Place of Business:**P.O. BOX 31-0745
MIAMI, FL 332310745 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 31-0745
MIAMI, FL 332310745 US**New Mailing Address:****FEI Number:** 59-1985255**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK , INC.
941 FOURTH STREET , #200
MIAMI, FL 33139 US**Name and Address of New Registered Agent:**CORPORATE CREATIONS NETWORK , INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: BY E.S. DAVILA AS ATTORNEY-IN-FACT

04/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: RODRIGUEZ, AIDA C
Address: P.O. BOX 110603
City-St-Zip: MIAMI, FL 33111Title: TD () Delete
Name: BABOS, TINA M
Address: P.O. BOX 110603
City-St-Zip: MIAMI, FL 33111Title: DVP () Delete
Name: ANDERSON, LINDA N
Address: P.O. BOX 110603
City-St-Zip: MIAMI, FL 33111Title: SD () Delete
Name: ESPOINOZA, DORIS
Address: P.O. BOX 110603
City-St-Zip: MIAMI, FL 33111Title: D () Delete
Name: ACEBO, WILLIAM
Address: P.O. BOX 110603
City-St-Zip: MIAMI, FL 33111Title: D () Delete
Name: ZAMORA, RAYMOND
Address: PO BOX 110603
City-St-Zip: MIAMI, FL 33111**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DVP (X) Change () Addition
Name: WORKMAN, MARK
Address: P.O. BOX 110603
City-St-Zip: MIAMI, FL 33111Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BY E.S. DAVILA AS-ATTORNEY-IN-FACT

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date