

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748158

FILED
Apr 20, 2008
Secretary of State

Entity Name: SOUTH FLORIDA PARALEGAL ASSOCIATION, INC.

Current Principal Place of Business:

310745
MIAMI, FL 33231 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.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: VESSELS, LISA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

Title: T/D () Delete
Name: BABOS, TINA M
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

Title: V/D () Delete
Name: NAHHAS, MAYDA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

Title: S/D () Delete
Name: FUSCO, VIVIAN
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

Title: S/D () Delete
Name: DIAZ, MARGARITA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

Title: D () Delete
Name: WORKMAN, MARK
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: SUMMA, KATRINA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

Title: D (X) Change () Addition
Name: RODRIGUEZ, AIDA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TINA M. BABOS

Electronic Signature of Signing Officer or Director

T/D

04/20/2008

Date