

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 06, 2010
Secretary of State**

DOCUMENT# 748158

Entity Name: SOUTH FLORIDA PARALEGAL ASSOCIATION, INC.**Current Principal Place of Business:**2 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 US**New Principal Place of Business:**20251 NE 24TH AVENUE
MIAMI, FL 33181 US**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
Name: WORKMAN, MARK
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231 USTitle: T/D
Name: BABOS, TINA M
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231 USTitle: VP/D
Name: NAHHAS, MAYDA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231 USTitle: S/D
Name: FUSCO, VIVIAN
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 33231 US

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: MARK WORKMAN

P/D

08/06/2010

Electronic Signature of Signing Officer or Director_____
Date