

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748158

FILED
Apr 18, 2012
Secretary of State

Entity Name: SOUTH FLORIDA PARALEGAL ASSOCIATION, INC.

Current Principal Place of Business:

11710 SW 119 PLACE ROAD
MIAMI, FL 331865119 US

New Principal Place of Business:

7040 SW 110 PLACE
MIAMI, FL 33173 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: GEORGE, KAREN
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: T/D
Name: BETANCOURT, JANET
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: VP/D
Name: PORTUONDO, NORA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: S/D
Name: VICTORERO, BARBARA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: D
Name: RODRIGUEZ, ARTURO
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: D
Name: VESSELS, LISA
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 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: LISA VESSELS

D

04/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date