2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90112 047 ****61.25

DOCUMENT # 750648

1. Entity Name
DADE COUNTY TRIAL LAWYERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9130 SO DADELAND BLVD STE 1623 MIAMI, FL 33156-4818 US	9130 SO DADELAND BLVD STE 1623 MIAMI, FL 33156-4818 US

01252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1969292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANCELLA, PABLO 9130 SO. DADELAND BLVD SUITE 1623 MIAMI, FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRIEDLAND, JONATHAN 9130 50 DADELAND BLVD. #1623 MIAMI, FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Arthur Garcia Jr. 12555 Orange Dr., Suite 261 Davie, FL 33330	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FRIEDLAND, JONATHAN 9130 S. DADELAND BLVD # 1623 MIAMI, FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Yara L. Garcia 8591 NW 186 Street, Suite 175 Miami, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE FEILER, MICHAEL 901 PONCE DE LEON BLVD. PH MIAMI, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BOYERS, ROBERT 2350 S. DIXIE HWY MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robert Boyers 1395 Brickell Avenue #980 Miami, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DOLAN, DANIEL D II 330 ALHAMBRA CIRCLE, FIRST FLOOR CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Daniel Dolan II 501 Brickell Key Drive, Suite 201-A Miami, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FEILER, MICHAEL B 901 PONE DE LEON BLVD MIAMI, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Manuel L. Dobrinsky Two So. Biscayne Blvd., Suite 3100 Miami, FL 33131	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-1-07 305-358-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #