

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000532

FILED
Apr 29, 2005
Secretary of State

Entity Name: DADE COUNTY DEFENSE BAR ASSOCIATION, INC.

Current Principal Place of Business:

C/O CARLTON FIELDS
100 SE 2ND
MIAMI, FL 33131

New Principal Place of Business:

C/O CARLTON FIELDS
100 SE 2ND STREET, SUITE 4000
MIAMI, FL 33131

Current Mailing Address:

C/O CARLTON FIELDS
100 SE 2ND
MIAMI, FL 33131

New Mailing Address:

C/O CARLTON FIELDS
100 SE 2ND STREET, SUITE 4000
MIAMI, FL 33131

FEI Number: 59-1297458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, HANNESSON I ESQ
799 BRICKELL PLAZA
SUITE 900
MIAMI, FL 33131 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 () Delete
Name: MILOCH, THOMAS C
Address: 100 SE 2ND
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: HOFFMAN, JUNE G
Address: 100 SE 2ND
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: MURPHY, HANNESSON I
Address: 799 BRICKELL PLAZA SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: ICE, THOMAS E
Address: 701 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURPHY, HANNESSON I
Address: 799 BRICKELL PLAZA, SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: V (X) Change () Addition
Name: HOFFMAN, JUNE G
Address: 1395 BRICKELL AVENUE, 14TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: S (X) Change () Addition
Name: COVONE, NEIL A
Address: 100 SE 2ND STREET, SUITE 4000
City-St-Zip: MIAMI, FL 33131

Title: T (X) Change () Addition
Name: ICE, THOMAS E
Address: 701 BRICKELL AVE, SUITE 3000
City-St-Zip: MIAMI, FL 33131

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: NEIL A. COVONE

SECR

04/29/2005

Electronic Signature of Signing Officer or Director

Date