
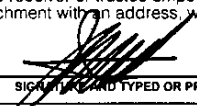


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 020 ****61.25

DOCUMENT # N04000006924					
1. Entity Name MIAMI-DADE LEGAL SUPPORT ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 310773 MIAMI, FL 33231		Mailing Address P.O. BOX 310773 MIAMI, FL 33231			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0891680	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSA, GEORGIANN 13910 S.W. 178 STREET MIAMI, FL 33177			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, JACQUELINE D		NAME	Jeannette Garofalo	
STREET ADDRESS	671 W 80 ST		STREET ADDRESS	420 NE 113 St	
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	Miami, FL 33161	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA, GEORGIANN		NAME	Albertha Rutledge	
STREET ADDRESS	13910 SW 178 ST		STREET ADDRESS	17645 NW 37 Ct.	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Carol City, FL 33055	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAROFALO, JEANNETTE		NAME	Diely Puig	
STREET ADDRESS	P.O. BOX 310773		STREET ADDRESS	P.O. Box 310773	
CITY-ST-ZIP	MIAMI, FL 33231		CITY-ST-ZIP	Miami, FL 33231	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUIST, BETH		NAME		
STREET ADDRESS	P.O. BOX 310773		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33231		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Jeannette GAROFALO, President/D		4/20/06 305-536-2726	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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