


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90052 009 ****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**

40068168



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03032008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
55-0891680

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLISON, ANDREA
 3000 BISCAYNE BLVD
 5TH FLOOR
 MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name **Andrea Honoré**
 Street Address (P.O. Box Number is Not Acceptable) **3000 Biscayne Blvd.**
5TH FLOOR
 City **Miami** FL Zip Code **33137**

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: *Andrea Honoré* DATE: **3/5/08**

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

10. Filing Fee is **\$61.25 Due by May 1, 2008**

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		
TITLE	P	<input type="checkbox"/> Delete
NAME	DUMAS, TERI J	
STREET ADDRESS	6522 KENDALE LAKES DR #1101	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUTLEDGE, ALBERTHA	
STREET ADDRESS	17645 NW 37 CT	
CITY-ST-ZIP	CAROL CITY, FL 33056	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PUIG, DIELY	
STREET ADDRESS	P.O. BOX 310773	
CITY-ST-ZIP	MIAMI, FL 33231	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	QUINN, DIANE	
STREET ADDRESS	2425 SW 18 AVE	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA RAMOS	
STREET ADDRESS	7011 SW 129 Ave #3	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Honoré	
STREET ADDRESS	3458 William Ave.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 my address with an officer like empowered.

SIGNATURE: *Teri J. Dumas* DATE: **4/9/08** DAYTIME PHONE #: **305/380-6644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR