2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006924

FILED Apr 26, 2009 Secretary of State

Entity Name: MIAMI-DADE LEGAL SUPPORT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 310773 3000 BISCAYNE BLVD. MIAMI, FL 33231 5TH FLOOR

MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

P.O. BOX 310773 MIAMI, FL 33231

FEI Number: 55-0891680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HONORE, ANDREA ELLISON-HONORE, ANDREA 3000 BISCAYNE BLVD 3000 BISCAYNE BLVD 5TH FLOOR 5TH FLOOR MIAMI, FL 33137 US MIAMI, FL 33137 US

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: ANDREA ELLISON-HONORE 04/26/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DUMAS, TERI J RUTLEDGE, ALBERTHA Name: Name: 6522 KENDALE LAKES DR #1101 Address: 17645 S.W. 37TH COURT Address:

CAROL CITY, FL 33055 City-St-Zip: MIAMI, FL 33183 City-St-Zip:

Title: Title: (X) Change () Addition () Delete RUTLEDGE, ALBERTHA Name: MANN, ANNETTE Name:

Address: 17645 NW 37 CT Address: 14817 BALGOWAN ROAD City-St-Zip: CAROL CITY, FL 33055 City-St-Zip: MIAMI, FL 33176

Title: () Delete Title: TD (X) Change () Addition RAMOS, MARTHA DUMAS, TERI J

7011 SW 129 AVE #3 Address: Address: 6522 KENDALE LAKES DR., #1101

Name:

City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183

Title: () Delete Title: SD (X) Change () Addition

HONORE, ANDREA Name: Name: ELLISON-HONORE, ANDREA 3249 WILLIAM AVE Address: 3458 WILLIAM AVE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERI JO DUMAS TD 04/26/2009