2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009129

Apr 13, 2<u>01</u>0 Secretary of State

Entity Name: FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.

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

11710 SW 119 PLACE ROAD 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 331865119 US

SUITE 3400

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

P.O. BOX 31-0745

MIAMI, FL 332310745 US

FEI Number: 37-1496796 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:

VESSELS, LISA B CP FRP WORKMAN, MARK 2 SOUTH BISCAYNE BOULEVARD 11710 SW 119 PLACE ROAD MIAMI, FL 331865119 US SUITE 3400

MIAMI, FL 33131 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: MARK WORKMAN 04/13/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

WORKMAN, MARK CP, FRP Name: Address: P.O. BOX 31-0745 City-St-Zip: MIAMI, FL 332310745 US

Title:

Name: LEVINE, SUSAN L CP, FRP Address: P.O. BOX 31-0745 City-St-Zip: MIAMI, FL 332310745 US

Title:

SKONIE, TAMARA CP, FRP Name: Address: P.O. BOX 31-0745 City-St-Zip: MIAMI, FL 332310745 US

I hereby 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 all other like empowered.

SIGNATURE: MARK WORKMAN, CP, FRP Ρ 04/13/2010