

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 06, 2010
Secretary of State

DOCUMENT# N04000009129

Entity Name: FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.**Current Principal Place of Business:**2 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 US**New Principal Place of Business:**20251 NE 24TH AVENUE
MIAMI, FL 33180 US**Current Mailing Address:**P.O. BOX 31-0745
MIAMI, FL 332310745 US**New Mailing Address:****FEI Number:** 37-1496796**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WORKMAN, MARK
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**WORKMAN, MARK
20251 NE 24TH AVENUE
MIAMI, FL 33180 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: _____

Electronic Signature of Registered Agent

08/06/2010

Date

OFFICERS AND DIRECTORS:

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

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

Title: VP
Name: SKONIE, TAMARA CP, FRP
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

P

08/06/2010

Electronic Signature of Signing Officer or Director

Date