

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002255

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** LAWYERS TO THE RESCUE CORPORATION

**Current Principal Place of Business:**

3132 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3132 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-2139670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARONFELD, DINA  
3132 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ARONFELD, DINA  
**Address:** 3132 PONCE DE LEON BLVD.  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** VP  
**Name:** MARCO, BRITT  
**Address:** 2525 PONCE DE LEON BLVD., PENTHOUSE 1225  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** TD  
**Name:** GREGORY, WARD  
**Address:** ONE FINANCIAL PLAZA 100 SE THIRD AVENUE, S  
**City-St-Zip:** FORT LAUDERDALE, FL 33394

**Title:** SEC  
**Name:** JESICCA, LALEH  
**Address:** 7901 SW 67TH AVE., SUITE # 100  
**City-St-Zip:** MIAMI, FL 33143

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:** DINA ARONFELD

PRES

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date