2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50473

Apr 08, 2005 Secretary of State

Entity Name: ASSOCIATION OF SOUTH FLORIDA MEDIATORS, INC.

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

116 SE 6TH CT

FT. LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

116 SE 6TH CT

FT. LAUDERDALE, FL 33301

FEI Number: 65-0355827 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:

FISCHLER, MICHAEL A 116 SOUTHEAST 6TH CT

US FT. LAUDERDALE, FL 33301

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete BASS, IRIS M Name: Name:

SHAW, ROBIN CARAL 1900 W COMMERCIAL BLVD., #130 Address: 980 N FEDERAL HWY, #404 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: BOCA RATON, FL 33432

Title: () Delete Title: (X) Change () Addition POTTHOFF, JEANNE E Name: WELTMAN, ALLAN Name:

Address: 201 SE 6TH STREET, RM 565 Address: 1501 E ATLANTIC BLVD City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: POMPANO BEACH, FL 33060

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

ROBIN, ELINOR EICHELBAUM, BETTY Name: Name: 1600 WEST HILLSBORO BLVD, RM 130 2496 NW 49TH TERRACE Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: COCONUT CREEK, FL 33063

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

Name: GOLDFARH, LINDA Name: LEVREY, LINDA Address: 3451 NO. HILLS DR Address: 3451 NORTH HILLS DRIVE City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

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

SHAW, ROBIN C SCHWEINLER, PAUL Name: Name: 980 N FEDERAL HWY #401 11776 W SAMPLE RD, #104 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBIN CARAL SHAW PD 04/08/2005