


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90997 035 ****61.25

DOCUMENT # N94000005133

1. Entity Name
BANKRUPTCY LEGAL ASSISTANTS' ASSOCIATION FOR THE SOUTHERN DISTRICT OF FLORIDA, INC.



Principal Place of Business
**9130 S DADELAND BLVD
 STE 1225
 MIAMI, FL 33156 US**

Mailing Address
**P.O. BOX 111804
 MIAMI, FL 33111-1804 US**

14018916



2. Principal Place of Business
9130 S. Dadeland Blvd.

3. Mailing Address
9130 S. Dadeland Blvd.

Suite, Apt. #, etc.
Suite 1225

04282004 Chg-NP CR2E037 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0624508

Applied For
 Not Applicable

Zip Country Zip Country
33156 Miami-Dade 33156 Miami-Dade

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RYAN, PATRICIA
 9130 S DADELAND BLVD
 STE 1225
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Ryan* **Patricia Ryan, Treasurer/Director** **April 30, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	RYAN, PATRICIA	9130 S DADELAND BLVD STE 1225	MIAMI, FL 33156	<input type="checkbox"/>
PD	ALLEN, RICHARD	1221 MARCANO BLVD	PLANTATION, FL 33322	<input type="checkbox"/>
D	SANTELICES, FRANCIS	25 SE 2ND AVE #919	MIAMI, FL 33131	<input type="checkbox"/>
SD	CABELLO, ADELITA	515 EAST LAS OLAS BLVD STE 1500	FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>
D	HERNANDEZ, AL	201 S. BISCAYNE BLVD, #1700	MIAMI, FL 33131	<input type="checkbox"/>
VD	TUNON, JOY	9130 S DADELAND BLVD STE 12258	MIAMI, FL 33156	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '03

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	Allen, Richard	350 E. Las Olas Blvd., Suite 1700	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/>
S/D	Walton, Eva	4101 Ravenswood Road, Suite 116	Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/>
P/D	Joylynn T. Martin	9130 S. Dadeland Blvd., Suite 1225	Miami, FL 33156	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Ryan* **Patricia Ryan, Treasurer/Director** **April 30, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305) 671-2778