2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005701

1. Entity Name
LEGALNET OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
11332 S.W. 115 TERRACE MIAMI, FL 33176	7900 SW 53 PL. MIAMI, FL 33143

03182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0587754
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, SHIRLEY
C/O PROTEMPS OF MIAMI, INC.
701 PROMENADE DRIVE, STE. 104
PEMBROKE PINES, FL 33026

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROEHM, CHRIS JR
STREET ADDRESS	270 NE 51 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33340
TITLE	VPD
NAME	SHANAHAN, PATRICK
STREET ADDRESS	14875 NW 77 AVE. #204
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	S
NAME	LUCAS, LIS
STREET ADDRESS	606 BRICKELL AVE. #203
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TD
NAME	KOTLER, JOSH
STREET ADDRESS	7312 SW W. 78 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/05-80001-002 61.25

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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: _____ 5/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #