2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM Secretary of State DOCUMENT # N98000000112 MIAMI-DADE COUNTY BAR ASSOCIATION, INC. Principal Place of Business Mailing Address 123 N.W. FIRST AVENUE 123 N.W. FIRST AVENUE MIAMI, FL 33128 MIAMI, FL 33128 01122005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0904450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RIDGELY, JOHNNIE M 123 N.W. FIRST AVENUE #214 IN THIS SPACE MIAMI, FL 33128 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME MURRAY, JOHN P UNNNN181886 STREET ADDRESS 3250 MARY STREET 01/19/05-80006-005 61.25 CITY-ST-ZIP MIAMI, FL 33133 D TITLE NAME ROBERT, FIORE J STREET ADDRESS 28 WEST FLAGLER STREET 11 FL CITY-ST-ZIP WEST PALM BEACH, FL 334130 TITLE NAME RIDGELY, JOHNNIE M STREET ADDRESS 123 N.W. FIRST AVENUE #214 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33128 IN THIS SPACE TITLE TRUSTY, CANDIS NAME STREET ADDRESS 9130 SOUTH DADELAND BLVD. #1225 CITY-ST-ZIP MIAMI, FL 33156 TITLE THORNTON, JOHN W NAME STREET ADDRESS 200 SO BISCAYNE BLVD #3420 CITY+ST-ZIP MIAMI, FL 33131

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 adoptemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the feceliver of 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:

TITI F NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

FILED