

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000166109

1. Entity Name
FAMILY MEDIATION SPECIALISTS OF SOUTH FLORIDA,
INC.



Principal Place of Business
9035 NORTHWEST 51 PLACE
CORAL SPRINGS, FL 33067

Mailing Address

9035 NORTHWEST 51 PLACE
CORAL SPRINGS, FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAEFER, MARI C
9035 NORTHWEST 51 PLACE
CORAL SPRINGS, FL 33067

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE P.D
NAME SCHAEFER, MARI C
STREET ADDRESS 9035 NORTHWEST 51 PLACE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Jul 28, 2006 8:00 am
Secretary of State**

07-28-2006 90030 017 ***155.00

40101004



07102006 Chg-P CR2E034 (11/05)

ATTACHMENT

40101084

#P05000106109-1-21-06

To: Division of Corporations
P.O. Box 6198
TALLAHASSEE, FL 32314

Re: Family Mediation Specialists
of South Florida.

ENCLOSED PLEASE find my Check in the
Amount of \$155.00. After searching
my Family Mediation Specialist files
and checking with my Accountant
I realized that I never RECEIVED
the bill sent in JANUARY.

PER YOUR RECORDING on Phone #850 245 6056
I am enclosing the check for \$155.00
AND this signed letter.

Thank You

Shari Schaefer

Shari Schaefer

Family Mediation Specialist
of South Florida