## '2008 FOR PROFIT CORPORATION

## Feb 14, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000127042** 02-14-2008 90033 003 \*\*\*150.00 ACCIDENT ATTORNEYS' ASSOCIATION, P.A. Principal Place of Business Mailing Address 3800 S. OCEAN DR., #217 3800 S. OCEAN DR., #217 HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 02062008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISSBARD, SARAH Street Address (P.O. Box Number is Not Acceptable) 3800 S. OCEAN DR., #217 HOLLYWOOD, FL 33019 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 regit lered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Defete ☐ Change ☐ Addition WEISSBARD, SARAH NAME NAME 3800 S. OCEAN DR., #217 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME

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 enpowered 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 attact ment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: S

STREET ADDRESS

CITY-ST-ZIP

Sarahl

**FILED**