2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P96000064667

Entity Name: FLORIDA LAWYER PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 430
CORAL GABLES, FL 33134

New Principal Place of Business:

1800 SW 27TH AVENUE
STE 500
MIAMI, FL 33145

Current Mailing Address:

2121 PONCE DE LEON BLVD
STE 430
CORAL GABLES, FL 33134

New Mailing Address:

1800 SW 27TH AVENUE
STE 500
MIAMI, FL 33145

FEI Number: 65-0752190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEFABIO, JOEL
2121 PONCE DE LEON BLVD
STE 430
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DEFABIO, JOEL
1800 SW 27TH AVENUE
STE 500
MIAMI, FL 33145 US

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.

SIGNATURE: JOEL DEFABIO 04/10/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEFABIO, JOEL
Address: 2121 PONCE DE LEON BLVD STE 430
City-St-Zip: CORAL GABLES, FL 33134

Title: E ( ) Delete
Name: DEFABIO, JOEL
Address: 2121 PONCE DE LEON STE 430
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEFABIO, JOEL
Address: 1800 SW 27TH AVENUE
City-St-Zip: MIAMI, FL 33145

Title: E (X) Change ( ) Addition
Name: DEFABIO, JOEL
Address: 1800 SW 27TH AVENUE
City-St-Zip: MAIMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL DEFABIO D 04/10/2007
Electronic Signature of Signing Officer or Director Date