

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90233 016 ****61.25

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04202005 Chg-NP CR2E037 (10/03)

DOCUMENT # N27116					
1. Entity Name SENIOR L.I.F.T. CENTER, INC.					
Principal Place of Business 8505 MILLS DR., R-4 TOWN & COUNTRY CENTER MIAMI, FL 33183 US			Mailing Address 8505 MILLS DR., R-4 TOWN & COUNTRY CENTER MIAMI, FL 33183 US		
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 65-1028335	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POZEN, IRA 9130 S. DADELAND BLVD. SUITE 1129 MIAMI, FL 33156				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, RUTH E			NAME	
STREET ADDRESS	10825 SUN 12AVE # 110			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABORANTI, MARGUERITE			NAME	
STREET ADDRESS	371 WEST PARK DR #8			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITING, MURIEL			NAME	
STREET ADDRESS	18203 SW 143 PL			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARILYN			NAME	
STREET ADDRESS	10420-6 SW 153 CT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, MARY			NAME	
STREET ADDRESS	8453 SW 137TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGURA, PAUL			NAME	
STREET ADDRESS	11060 SW 57 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
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: <i>Marguerite Laboranti</i>				Date: <i>4/20/05</i> Daytime Phone #: <i>305-598-3000</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					