


- 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90177 034 ****61.25

DOCUMENT # N27116
 1. Entity Name
SENIOR L.I.F.T. CENTER, INC.



Principal Place of Business
 12480 SW 127 AVENUE
 MIAMI, FL 33186 US

Mailing Address
 12480 SW 127 AVENUE
 MIAMI, FL 33186 US

40000000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04242008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1028335

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POZEN, IRA
 9130 S. DADELAND BLVD.
 SUITE 1129
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUDSON, RUTH E	
STREET ADDRESS	10825 SW 112AVE # 110	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	B	<input type="checkbox"/> Delete
NAME	LABORANTI, MARGUERITE	
STREET ADDRESS	371 WEST PARK DR #8	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITING, MURIEL	
STREET ADDRESS	18203 SW 143 PL	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREEN, MARILYN	
STREET ADDRESS	10420-6 SW 153 CT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRUBER, SHIRLEY	
STREET ADDRESS	1088 SW 128 AVE	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGURA, PAUL	
STREET ADDRESS	11060 SW 57 STREET	
CITY-ST-ZIP	MIAMI, FL 33173	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Marilyn Green* **MARILYN GREEN** 3/29/08 305-235-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-235-8855