

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141565

FILED
Sep 08, 2004
Secretary of State

Entity Name: TRANSITIONING SOLUTIONS FOR SENIORS, INC.

Current Principal Place of Business:

263 WILDWOOD CIRCLE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

263 WILDWOOD CIRCLE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDLOFER, DAVID
856 NE 20TH DRIVE
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, PERRI
Address: 263 WILDWOOD CIRCLE
City-St-Zip: DEERFEILD BEACH, FL 33442

Title: VP () Delete
Name: SANDLOFER, DAVID
Address: 856 NE 20TH DRIVE
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: COHEN, PERRI
Address: 263 WILDWOOD CIRCLE
City-St-Zip: DEERFEILD BEACH, FL 33442

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PERRI COHEN

_____ Electronic Signature of Signing Officer or Director

PSTD

09/08/2004

_____ Date