

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066466

FILED
Apr 16, 2009
Secretary of State

Entity Name: SENIORS SUCCESSFUL STRATEGIES, INC.

Current Principal Place of Business:

1890 SOUTH OCEAN DRIVE
SUITE 203E
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1890 SOUTH OCEAN DRIVE
SUITE 203E
HALLANDALE BEACH, FL 33009

New Mailing Address:

1890 SOUTH OCEAN DRIVE
SUITE 203E
HALLANDALE BEACH, FL 33009

FEI Number: 80-0219099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, NATHAN
1890 SOUTH OCEAN DRIVE
SUITE 203E
HALLANDALE BEACH, FL 33009 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: COHEN, ROSMARY CEO
Address: 1890 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: P () Delete
Name: COHEN, NATNAN PRES
Address: 1890 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SECT () Delete
Name: CHOEN, ROSEMARY SECT
Address: 1890 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECT (X) Change () Addition
Name: COHEN, ROSEMARY SECT
Address: 1890 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP () Change (X) Addition
Name: RATNER, RONALD
Address: 1880 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

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

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date