


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000084480 1. Entity Name TODAY'S SENIORS OF FLORIDA, INC.	
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Principal Place of Business 2500 QUAMUM LAKES DR 203 BOYNTON BEACH, FL 33426	Mailing Address 7158 TREVISO LANE BOYNTON BEACH, FL 33437
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2380120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHENKMAN, BENJAMIN P ESQ.  
 2500 QUANTUM LAKES DRIVE, SUITE 203  
 BOYNTON BEACH, FL 33426

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDER, HAROLD I 7158 TREVISO LANE BOYNTON BEACH, FL 33437
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 05/04/04-80140-018 150.00

**DO NOT WRITE IN THIS SPACE**

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 607, 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:  4/29/2004 521 853-2218  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #