


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

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

<b>DOCUMENT # P01000084480</b> 1. Entity Name <b>TODAYS SENIORS OF FLORIDA, INC.</b>	
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Principal Place of Business 2500 QUAMUM LAKES DR 203 BOYNTON BEACH, FL 33426	Mailing Address 7158 TREVISIO LANE BOYNTON BEACH, FL 33437
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04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2380120</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> 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
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDER, HAROLD I 7158 TREVISIO LANE BOYNTON BEACH, FL 33437
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05/04/04-80140-018 150.00

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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: [Signature] **4/29/2004** **521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **853-2218**