


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90973 033 ***150.00

DOCUMENT # P01000084480

1. Entity Name
TODAYS SENIORS OF FLORIDA, INC.



Principal Place of Business
**2500 QUAMUM LAKES DR
 203
 BOYNTON BEACH, FL 33426**

Mailing Address
**7158 TREVISO LANE
 BOYNTON BEACH, FL 33437**

2. Principal Place of Business
2500 QUAMUM LAKES DR

3. Mailing Address
2500 QUAMUM LAKES DR

Suite, Apt. #, etc.
203

City & State
BOYNTON BEACH FL

City & State
BOYNTON BEACH FL

Zip
33426

Country
FLORIDA

Zip
33426

Country
FLORIDA



04272005 Chg-P CR2E034 (10/03)

4. FEI Number
52-2380120

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
SHENKMAN, BENJAMIN P ESQ

Street Address (P.O. Box Number is Not Acceptable)
2160 WEST ATLANTIC AVE

SECOND FLOOR

City
DELRAY BEACH

FL Zip Code
33445

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **FRIEDER** 4/27/2005 561 853-2218
Signature and typed or printed name of signing officer or director Date Daytime Phone #