

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90221 029 ***150.00

DOCUMENT # H75968



1. Entity Name

AMERICAN ASSOCIATION OF SENIOR PERSONS, INC.

Principal Place of Business

Alan J. Werksman, Esq.
2650 N. Military Trail, Suite 150
Boca Raton, FL 33431

Mailing Address

Alan J. Werksman, Esq.
2650 N. Military Trail, Suite 150
Boca Raton, FL 33431

20043172



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3014982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Alan J. Werksman, Esq.
2650 N. Military Trail
Suite 150
Boca Raton, FL 33431

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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

**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
DP
ROSENTHAL, LAWRENCE M
10275 COLLINS AVENUE #1419
MIAMI, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BERNSTEIN, JOYCE
10275 COLLINS AVENUE - #1419
MIAMI, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
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CITY - ST - ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE M. ROSENTHAL

4/18/05

Date

413-443-9000

Daytime Phone #