2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2007 08:00 AM DOCUMENT # L62483 **Secretary of State** 1. Entity Namo FRIENDS OF THE DISABLED & SENIOR CITIZENS, INC. Principal Place of Business Mailing Address 8333 WEST MCNAB ROAD 8333 WEST MCNAB ROAD SUITE 110 SUITE 110 TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Businoss - No P O, Box # 3. Mailing Address Suite, Apt #. etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0192525 Not Applicable Z⊮p Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KITAY, SYLVIA Street Address (P.O. Box Number is Not Acceptable) 8333 WEST MCNAB ROAD SUITE 110 TAMARAC FL 33321 City Zip Code 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 Simulture, typed or prailed name of registered agent and title i applicable STALL (NOTE, Registered Agent signature required whom reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Po After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. U00000612254 1551.5 Delete HITE ☐ Change ☐ Addish KITAY, SYLVIA NAM NAME 02/02/07-80099-022 150.00 8333 WEST MCNAB ROAD, SUITE 110 STREET ADORESS STREET ADDRESS TAMARAC FL 33321 CHY SI ZIP CBY ST ZIP \Box ☐ Delete 111113 ☐ Chance ☐ Addish 11111 KITAY, DAVID MAMI 8333 WEST MCNAB ROAD, SUITE 110 STREET ADDRESS SHIFF LADDRESS TAMARAC FL 33321 CITY ST 7IP CHY ST ZIP ☐ Delete Change Adulitio m mi NAME KITAY, MITCH 8333 WEST MCNAB ROAD, SUITE 110 SHREE ADDRESS STELL LADDRESS TAMARAC FL 33321 CITY ST 7P CHY SI ZIP ☐ Change 11111 ☐ Delete HHIL NAME MAME STREET LADDRESS SIDE LADDRESS CITY ST ZIP City St ZIP THIS Delete INTE Channe Addison MAMI NAME STREET ADDRESS STREET ADDRESS CHY SI 70° CHY SE ZIP RIH ШЕ Change ☐ #ddiiii Delete NAM NAME SIDEL LADDRESS SIRCLI ADDRESS CHY-SI 7IP CITY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block I if changed, or on an attachment with an address, with all other like empowered.

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