

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002046

FILED
Apr 25, 2005
Secretary of State

Entity Name: AMERICAN UNITED SENIORS, INC

Current Principal Place of Business:

8250 W. FLAGLER ST.
STE. 116
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8250 W. FLAGLER ST.
STE. 116
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0995694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISMARCK, ROBERT M
8250 W. FLAGLER ST.
STE. 116
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEL VALLE, NYDIA
Address: 8742 S.W. 27TH ST.
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: BISMARCK, ROBERTO M
Address: 3420 S.W. 108 AVE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: HERNANDEZ, PLACIDO
Address: 14000 S.W. 90 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MORAN-HERNANDEZ, GLORIA
Address: 14621 S.W. 83 CT
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: MARTINEZ, OLGA C
Address: 3420 S.W. 108 AVE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: KINGSBERG, EDWARD
Address: 14621 S.W. 83 CT
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO M. BISMARCK

D

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date