2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N00000002046

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:	VPD	( ) Delete
Name:	WILFREDO, CARDENAS	
Address:	8842 SW 4 LANE	
City-St-Zip:	MIAMI, FL 33174	
Title:	D	( ) Delete
Name:	CARDENAS, ROMELIA	
Address:	8842 SW 4 LANE	
City-St-Zip:	MIAMI, FL 33174	
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:	PD	( ) Delete
Name:	BISMARCK, ROBERTO M	
Address:	8250 W FLAGELR ST SUITE 116	
City-St-Zip:	MIAMI, FL 33144	

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 exemption stated in Chapter 119, 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 BISMARCK PD 03/02/2009

Electronic Signature of Signing Officer or Director — Date