

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90056 013 ****70.00

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1. Entity Name
**SENIORNET COMPUTER LEARNING CENTER OF
SOUTH FLORIDA, INC.**



Principal Place of Business
**9145-A SW 23RD ST
FT LAUDERDALE, FL 33324**

Mailing Address
**9145-A SW 23RD ST
FT LAUDERDALE, FL 33324**

60008814



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESKO, FRANK
9145-A SW 23RD ST
FT LAUDERDALE, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DESKO, FRANK**
CITY-ST-ZIP **9145-A SW 23RD ST
FT LAUDERDALE, FL 33324**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FERNANDEZ, JOSEPH**
CITY-ST-ZIP **1801 S OCEAN DR
HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MALKIN, WARREN**
CITY-ST-ZIP **671 NE 195TH ST - APT 319
N MIAMI BEACH, FL 33179**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOLT, DOROTHY**
CITY-ST-ZIP **3904 SW 67TH TERRACE
DAVIE, FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Desko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06

Date

954 370-9778

Daytime Phone #