

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 029 ****70.00

DOCUMENT # N05000005447					
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		
2. Principal Place of Business - No P.O. Box # 9145A SW 23rd St		3. Mailing Address 9145A SW 23rd St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie, FL		City & State Davie, FL		4. FEI Number NOT APPLICABLE	
Zip 33324		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DESKO, FRANK 9145-A SW 23RD ST FT LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DESKO, FRANK 9145-A SW 23RD ST FT LAUDERDALE, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Desko, Frank 9145A SW 23rd St Davie, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FERNANDEZ, JOSEPH 1801 S OCEAN DR HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Morris Cook 300 Three Islands Blvd Hallandale Beach, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MALKIN, WARREN 671 NE 195TH ST - APT 319 N MIAMI BEACH, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marilyn Shaffer 6721 Agalea Drive Miramar, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOLT, DOROTHY 3904 SW 67TH TERRACE DAVIE, FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Holt, Dorothy 3904 SW 67th Terrace Davie, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Frank Desko</u> Frank Desko <u>1/07/07</u> <u>954370-9778</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					