

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003756

FILED
Jun 25, 2009
Secretary of State

Entity Name: SENIORS ARE FIRST, INC.

Current Principal Place of Business:

1940 PARK AVENUE, APT #323
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1940 PARK AVENUE, APT #323
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-2486691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHAPIRO, STANLEY K
1940 PARK AVENUE, APT #323
MIAMI BEACH, FL 33139 US

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: PD () Delete
Name: SHAPIRO, STANLEY K
Address: 1940 PARK AVENUE, APT #323
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: NARSON, CORY DR.
Address: 915 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: WRIGHT, LAURA
Address: 7441 WAYNE AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: KIDD, JON
Address: 1800 SUNSET HARBOR DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ZILBER, LINDA
Address: 1231 95TH STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D () Delete
Name: GOLDSTEIN, ESQ., JOHNATHAN
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

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: STANLEY SHAPIRO

PD

06/25/2009

Electronic Signature of Signing Officer or Director

Date