

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005985

FILED
Apr 05, 2009
Secretary of State

Entity Name: FIFTY OVER FIFTY, INC.

Current Principal Place of Business:

C/O RACHEL BLECHMAN
701 BRICKELL AVE, STE 3000
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

POB 331864
MIAMI, FL 332331864

New Mailing Address:

FEI Number: 65-0630460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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: VP () Delete
Name: GOTTLIEB, KAREN
Address: 3700 HIBISCUS ST
City-St-Zip: MIAMI, FL 33133

Title: VP () Delete
Name: BANDER, JOANNE
Address: 500 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: SEC () Delete
Name: GARRETT, BARBARA
Address: 301 CASABURINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: P () Delete
Name: BLECHMAN, RACHEL
Address: 5250 SW 84TH ST.
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: SCHECHTER, CATHERINE
Address: 548 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL 33138

Title: TREA () Delete
Name: HONIG, NAOMI
Address: 2575 S BAYSHORE DR #10A
City-St-Zip: MIAMI, FL 33133

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:

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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: NAOMI HONIG

TREA

04/05/2009

Electronic Signature of Signing Officer or Director

Date