

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005985

FILED
Mar 28, 2011
Secretary of State

Entity Name: FIFTY OVER FIFTY, INC.

Current Principal Place of Business:

3525 BAYSHORE VILLAS
MIAMI, FL 331333254

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
Name: LAPIDUS, WENDY
Address: 4801 PINE TREE DR
City-St-Zip: MIAMI, FL 33143

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

Title: SEC
Name: TRAUM, JUDITH
Address: 55 S PROSPECT DR
City-St-Zip: CORAL GABLES, FL 33133

Title: VP
Name: IBARGUEN, SUSANA
Address: THREE GROVE ISLE DR APT 1603
City-St-Zip: MIAMI, FL 33133

Title: P
Name: SCHECHTER, CATHERINE
Address: 4900 CHEROKEE AVE
City-St-Zip: MIAMI BEACH, FL 33140

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

I hereby 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 all other like empowered.

SIGNATURE: NAOMI HONIG

TREA

03/28/2011

Electronic Signature of Signing Officer or Director

Date