


FILED
Feb 03, 2006 8:00 am
Secretary of State

60011218

DOCUMENT # N96000005980						02-03-2006 90005 009 ***61.25	
1. Entity Name FIFTY-FIVE YEARS & UP, INC.							
Principal Place of Business 701 SW 27TH AVENUE SUITE 901 MIAMI, FL 33135				Mailing Address 701 SW 27TH AVENUE SUITE 901 MIAMI, FL 33135			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HERNANDEZ, MARIO J 701 SW 27TH AVENUE SUITE 901 MIAMI, FL 33135				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 <u>[Signature]</u> 01-18-2006							
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. <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				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PD DIAZ, PEDRO 7933 WEST DRIVE, SUITE 921 NORTH BAY VILLAGE, FL 33141							
VD MARMOL, JOSE 2403 SOUTHWEST 102 PLACE MIAMI, FL							
D MARMOC, GLORIA 2403 SOUTHWEST 102 PLACE MIAMI, FL 33165				MARMOL, GLORIA			
STD HOLLOWAY, CARMELA 8635 NW 8 STREET #406 MIAMI, FL 33126							
D GERNANDEZ, ANTONIO 9211 WEST CLUSA CLUB DRIVE MIAMI, FL 33186				HERNANDEZ, ANTONIO			
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>[Signature]</u> 01-18-2006 305 642 5520							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							