2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005980

City-St-Zip:

MIAMI, FL 33186

Entity Name: FIFTY-FIVE YEARS & UP, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 701 SW 27TH AVENUE 701 SW 27TH AVENUE SUITE 901 **SUITE 1203** MIAMI, FL 33135 MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** 701 SW 27TH AVENUE 701 SW 27TH AVENUE SUITE 901 SUITE 1203 MIAMI, FL 33135 MIAMI, FL 33135 FEI Number: 65-0725700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERNANDEZ, MARIO J HERNANDEZ, MARIO J 701 SW 27TH AVENUE SUITE 1203 701 SW 27TH AVENUE SUITE 901 MIAMI, FL 33135 US MIAMI, FL 33135 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: 01/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DIAZ. PEDRO Name: Name: Address: 7933 WEST DRIVE, SUITE 921 Address: City-St-Zip: NORTH BAY VILLAGE, FL 33141 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: MARMOL, JOSE Name: Address: 2403 SOUTHWEST 102 PLACE Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition MARMOL, GLORIA Name: Name: 2403 SOUTHWEST 102 PLACE Address: Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: () Delete Title: STD Title: () Change () Addition HOLLOWAY, CARMELA Name: Name: 8635 NW 8 STREET #406 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: Title: () Delete () Change () Addition HERNANDEZ, ANTONIO Name: Name: 9211 WEST CLUSA CLUB DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PEDRO DIAZ PD 01/05/2007