

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90159 021 ***150.00

DOCUMENT # P01000103341

1. Entity Name
AFTER FIFTY INC.



Principal Place of Business
1005 W. STATE RD.
PO BOX 120
FT. LAUDERDALE, FL 33315

Mailing Address
1005 W. STATE RD.
PO BOX 120
FT. LAUDERDALE, FL 33315

2. Principal Place of Business
5236 SW 31 Court

3. Mailing Address
5236 SW 31 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State
Davie Fl

City & State
Davie Fl

4. FEI Number
65-1148549

Applied For
Not Applicable

Zip 33314

Country USA

Zip 33314

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MODAS, DANIEL A
1215 SE 2ND AVE., #202
FT. LAUDERDALE, FL 33335

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUSSO, SONDR A
STREET ADDRESS 1006 W. STATE RD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE VD
NAME RUSSO, JAMES R
STREET ADDRESS 1005 W. STATE RD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5236 SW 31 Court
CITY-ST-ZIP Davie Fl 33314 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5236 SW 31 Court
CITY-ST-ZIP Davie Fl 33314 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/06