


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90001 015 \*\*\*150.00

<b>DOCUMENT # P99000027686</b> 1. Entity Name <b>SENIORS RESOURCES FOR SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>1419 SW 57TH AVENUE MIAMI, FL 33144 US</b>			Mailing Address <b>1419 SW 57TH AVENUE MIAMI, FL 33144 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
05242006		Chg-P		CR2E034 (11/05)	
4. FEI Number <b>65-0910021</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROSADO, NITZA</b> <b>1419 SW 57TH AVENUE</b> <b>MIAMI, FL 33144</b>			Name <b>ROSADO, NITZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8565 S.W. 152 Ave UNIT 123</b> City <b>Miami, FL 33193</b> <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ROSADO, NITZA</b> <b>1419 SW 57TH AVENUE</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ROSADO, NITZA</b> <b>8565 S.W. 152 Ave 123 Miami FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>TORRES, JOSEFINA</b> <b>1419 SW 57TH AVENUE</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST TORRES JOSEFINA</b> <b>8565 S.W. 152 Ave 123 Miami FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE: Nitza Rosado</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>5/27/06</b> Date		
			<b>Cell: 786-295-2130</b> <b>305-388-0324</b> Daytime Phone #		