2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90066 031 ***150.00

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1. Entity Name
SENIORS RESOURCES FOR SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1419 SW 57TH AVENUE MIAMI, FL 33144 US	1419 SW 57TH AVENUE MIAMI, FL 33144 US

40107170

04022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business — No P.O. Box #
Suite, Apt. #, etc
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc
City, State
Zip / Country

4. FEI Number: 65-0910021 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ROSADO, NITZA
8565 S.W. 152 AVE UNIT 123
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number 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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Effective date (optional) — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Dir		☐ Change ☐ Addition
NAME	ROSADO, NITZA		
STREET ADDRESS	1419 SW 57TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33144		
TITLE	ST ☐ Dir		☐ Change ☐ Addition
NAME	TORRES, JOSEFINA		
STREET ADDRESS	1419 SW 57TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33144		
TITLE	DP ☐ Dir		☐ Change ☐ Addition
NAME	ROSADO, NITZA		
STREET ADDRESS	8565 S.W. 152 AVE UNIT 123		
CITY-ST-ZIP	MIAMI, FL 33193		
TITLE	ST ☐ Dir		☐ Change ☐ Addition
NAME	YOEPINA, TORRES		
STREET ADDRESS	8565 S.W. 152 AVE UNIT 123		
CITY-ST-ZIP	MIAMI, FL 33193		
TITLE	☐ Dir		☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Dir		☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or is added in Block 11.

SIGNATURE: Nitza Rosado 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #