

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000053263

Entity Name: SENIORAH SHOES, CORP**Current Principal Place of Business:**10565 NW 64TH WAY
DORAL, FL 33178**Current Mailing Address:**10565 NW 64TH WAY
DORAL, FL 33178 US**FEI Number:** 30-1096730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUICK BOOKKEEPING OF DORAL, LLC
7791 NW 46TH STREET
SUITE # 109
MIAMI, FL 33166 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ALIOGLU, MAHMUT
Address	10565 NW 64TH WAY
City-State-Zip:	DORAL FL 33178

Title	D
Name	ALOU, ALI
Address	10565 NW 64TH WAY
City-State-Zip:	DORAL FL 33178

Title	D
Name	ALOU, MOHAMED
Address	10565 NW 64TH WAY
City-State-Zip:	DORAL FL 33178

Title	D
Name	ALOU, ABDULMALAK
Address	10565 NW 64TH WAY
City-State-Zip:	DORAL FL 33178

Title	D
Name	ALIOGLU, OMER
Address	10565 NW 64TH WAY
City-State-Zip:	DORAL FL 33178

Title	VPS
Name	TRAVELSTEAD, WADAD Y.
Address	10565 NW 64TH WAY
City-State-Zip:	DORAL FL 33178

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 above, or on an attachment with all other like empowered.

SIGNATURE: WADAD TRAVELSTEAD

VPS

04/24/2019

Electronic Signature of Signing Officer/Director Detail_____
Date