2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770747

FILED Jan 03, 2006 Secretary of State

Entity Name: COMMUNITY AIDS RESOURCE, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	AYNE BLVD.						
SUITE 300 MIAMI, FL							
Current Mailing Address:			New Maili	New Mailing Address:			
3510 BISC	AYNE BLVD						
SUITE 300 MIAMI, FL							
	59-2564198	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed (X)	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:		
2951 Ś. BA MIAMI, FL			ourness of shanging i	to registered	office or registered agents	or both	
	of Florida.	submits this statement for the p	ourpose of changing i	is registered	office of registered agent	, or both,	
SIGNATUF	RE:						
	Electror	ic Signature of Registered Ag	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	TD () CORBETT, RU 1780 N.E. 137 NORTH MIAMI,	TERRACE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () COHEN, LYNNI 7955 S.W. 110 MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	SD (BROWN, TER 780 NE 69TH MIAMI, FL 33	ST #1702		
Title: Name: Address: City-St-Zip:	PD () PEDROSO, GL 700 BRICKELL MIAMI, FL 331	AVE. 4TH FL.	Title: Name: Address: City-St-Zip:	,			
Title: Name: Address: City-St-Zip:	VD () GARY, LORRA 1600 N.E. 114 MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	GARY, LORR 492 NW 165	X) Change ()Addition AINE ST RD #C-308 I BEACH, FL 33169		
Title: Name: Address: City-St-Zip:	SICLARI, RICH	E BLVD., SUITE 300	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	PED (X HOLMES, DOR 10430 S.W. 18 MIAMI, FL 331	3 STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

SIGNATURE: RICK SICLARI MD 01/03/2006