## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770747** 

FILED Feb 21, 2008 Secretary of State

Entity Name: COMMUNITY AIDS RESOURCE, INC.

Current F	Principal Place	of Business:	New Princi	oal Place of Business:
3510 BISC SUITE 300	CAYNE BLVD.			
MIAMI, FL				
Current N	Mailing Address	::	New Mailing	g Address:
	510 BISCAYNE BLVD		3510 BISCAYNE BLVD.	
SUITE 300 MIAMI, FL			SUITE 300 MIAMI, FL 3	3137 US
FEI Number	r: 59-2564198	FEI Number Applied For ( )	FEI Number Not Applic	able ( ) Certificate of Status Desired (X)
Name and	d Address of Ci	ırrent Registered Agent:	Name and A	Address of New Registered Agent:
2951 S. B. MIAMI, FL The above			purpose of changing its	registered office or registered agent, or both,
SIGNATU	RE:			
SIGNATU		c Signature of Registered Ag	ent	 Date
SIGNATU <b>OFFICER</b>				Date
OFFICER Fitle: Name: Address:	Electroni	ORS: Delete SELL ERRACE		
OFFICER  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electroni  S AND DIRECT  TD () I  CORBETT, RUS: 1780 N.E. 137 TI  NORTH MIAMI, F	ORS: Delete SELL ERRACE IL 33181 Delete ITHY PH.D. D ST	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR
OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electronics AND DIRECT  TD () II CORBETT, RUSS 1780 N.E. 137 TI NORTH MIAMI, F  PD () II HOLMES, DORC 10430 SW 183R MIAMI, FL 3315  VD () II GARY, LORRAIN 492 NW 165 ST	ORS: Delete BELL ERRACE IL 33181 Delete ITHY PH.D. D ST 7 Delete	ADDITIONS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR
	TD ()I CORBETT, RUS: 1780 N.E. 137 TI NORTH MIAMI, F PD ()I HOLMES, DORC 10430 SW 183R MIAMI, FL 3315  VD ()I GARY, LORRAIN 492 NW 165 ST NORTH MIAMI B MD ()I SICLARI, RICHA	ORS: Delete SELL ERRACE IL 33181 Delete ITHY PH.D. D ST 7 Delete IE RD #C-308 EACH, FL 33169 Delete RD JR. BLVD., SUITE 300	ADDITIONS  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD SICLARI, JR. MD 02/21/2008