2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770747

FILED Jan 14, 2009 Secretary of State

Entity Nan	ne: COMMUN	NITY AIDS RESOURCE, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
3510 BISC	AYNE BLVD.				
SUITE 300					
Current M	ailing Addres	s:	New Maili	ng Address:	
	AYNE BLVD.				
SUITE 300 MIAMI, FL					
FEI Number: 59-2564198 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired (X)			
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
2951 S. BA MIAMI, FL	named entity s		ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR		ic Signature of Registered Ag	ont	Date	
		9 9			
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD () CORBETT, RUS 1780 N.E. 137 NORTH MIAMI,	TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () HOLMES, DOR 10430 SW 183 MIAMI, FL 331	RD ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GARY, LORRAI 492 NW 165 ST		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition PAUL, DAVID 1165 98TH ST #203 BAY HARBOR ISLANDS, FL 33154	
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:	S () FALCON, DAN 915 NW 1 AVE MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() 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 MD 01/14/2009