

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2004  
Secretary of State**

DOCUMENT# N02000001073

**Entity Name:** COMMUNITY TO ASSIST IN RESETTLEMENT OF ASYLEES, (C.A.R.A.), INC.

**Current Principal Place of Business:**

13420 SW 77 AVE  
MIAMI, FL 331566701

**New Principal Place of Business:**

**Current Mailing Address:**

13420 SW 77 AVE  
MIAMI, FL 331566701

**New Mailing Address:**

**FEI Number:** 32-0002158      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OBREGON, ERNESTO  
13420 SW 77TH AVE.  
PINECREST, FL 331566701

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MANRIQUE, RAMON  
Address: 3515 S. LEJEUNE RD  
City-St-Zip: MIAMI, FL 33134

Title: VD ( ) Delete  
Name: OBREGON, JANET  
Address: 13420 SW 77 AVE  
City-St-Zip: MIAMI, FL 331566701

Title: SD ( ) Delete  
Name: RODRIGUEZ, VIVIAN  
Address: 3515 S LEGEUNE RD  
City-St-Zip: MIAMI, FL 33134

Title: TD ( ) Delete  
Name: HUNT, PAUL  
Address: 6621 SW 64TH ST SOUTH  
City-St-Zip: MIAMI, FL 33143

Title: PPD ( ) Delete  
Name: OBREGON, LUCIA  
Address: 12941 SW 66 TERR SRIVE  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MARINO, PATRICIA  
Address: 14213 SW 95CR-LANE BL 8-101  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMON MANRIQUE

PD

04/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date