

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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: MARINO, PATRICIA
Address: 14213 SW 95CR-LANE BL 8-101
City-St-Zip: MIAMI, FL 33186

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: PD (X) Change () Addition
Name: MANRIQUE, RAMON
Address: 333 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33134

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

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

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 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: RAMON MANRIQUE

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date