

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005351

FILED
Feb 10, 2008
Secretary of State

Entity Name: KIRA CARES, INC.

Current Principal Place of Business:

2573 SW 157 AVE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

2573 SW 157 AVE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 26-0278033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANG, SHIKIRA MS
2573 SW 157 AVE
MIRAMAR, FL 33027 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: CHANG, SHIKIRA MS
Address: 2573 SW 157 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VPD () Delete
Name: MAIS, SIMON MS
Address: 1731 VICTORIA AVE #408
City-St-Zip: SCARBOROUGH, ONTARIO M1R1S1, FL 33027 OC

Title: TD () Delete
Name: AFFLICK, WAULDRON
Address: 3324 FIDDLE LEAF WAY
City-St-Zip: LAKE LAND, FL 33811

Title: SD () Delete
Name: SMITH, KERRI-ANN MS
Address: 40 GAYLORD ST
City-St-Zip: BINGHAMTON, NY 13904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MAIS, SIMON MR
Address: 1731 VICTORIA AVE #408
City-St-Zip: SCARBOROUGH, ON M1R1S1 CA

Title: TD (X) Change () Addition
Name: AFFLICK, WAULDRON MR
Address: 3324 FIDDLE LEAF WAY
City-St-Zip: LAKE LAND, FL 33811

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: SHIKIRA CHANG

PD

02/10/2008

Electronic Signature of Signing Officer or Director

Date