I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SILVIA LIMA HERRERA

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P11000105229

Entity Name: CARITAS ALEGRES ADULT DAY CARE, INC.

Current Principal Place of Business:

2405 - 2407 NW 7 ST MIAMI, FL 33125

Current Mailing Address:

2405 - 2407 NW 7 ST MIAMI, FL 33125 US

FEI Number: 45-4019704

Name and Address of Current Registered Agent:

PEREZ, YELENNI 2405 - 2407 NW 7 ST MIAMI, FL 33125 US

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	YELENNI PEREZ		03/20/2020	
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	V	
Name	LIMA HERRERA, SILVIA	Name	HERRERA, IRIS C	
Address	2405 - 2407 NW 7 ST	Address	2405 - 2407 NW 7 ST	
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125	

PRESIDENT

03/20/2020

FILED Mar 20, 2020 Secretary of State 2195920864CC

Certificate of Status Desired: No

Date