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

DOCUMENT# P11000105229

Entity Name: CARITAS ALEGRES ADULT DAY CARE, INC.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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:

LIMA HERRERA, SILVIA 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:	: LIMA HERRERA,SILVIA			02/26/2019
	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	

02/26/2019

FILED Feb 26, 2019 Secretary of State 0277936650CC

Certificate of Status Desired: No

Date