2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# 770747

Entity Name: COMMUNITY AIDS RESOURCE, INC.

Current Principal Place of Business:

3510 BISCAYNE BLVD.
SUITE 300
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3510 BISCAYNE BLVD
SUITE 300
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-2564198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLUM, SAMUEL, ESQ.
2951 S. BAYSHORE DR. #811
MIAMI, FL 33133 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: TD ( ) Delete
Name: CORBETT, RUSSELL
Address: 1780 N.E. 137 TERRACE
City-St-Zip: NORTH MIAMI, FL 33181

Title: SD ( ) Delete
Name: COHEN, LYNNE
Address: 7955 S.W. 110 STREET
City-St-Zip: MIAMI, FL 33156

Title: PD ( ) Delete
Name: PEDROSO, GLENDA
Address: 700 BRICKELL AVE. 4TH FL.
City-St-Zip: MIAMI, FL 33131

Title: VD ( ) Delete
Name: GARY, LORRAINE
Address: 1600 N.E. 114 STREET
City-St-Zip: MIAMI, FL 33181

Title: MD ( ) Delete
Name: SICLARI, RICHARD JR.
Address: 3510 BISCAYNE BLVD., SUITE 300
City-St-Zip: MIAMI, FL 33137 US

Title: PED (X) Delete
Name: HOLMES, DOROTHY PH.D.
Address: 10430 S.W. 183 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: BROWN, TERRENCE
Address: 780 NE 69TH ST #1702
City-St-Zip: MIAMI, FL 33138

Title: PD (X) Change ( ) Addition
Name: HOLMES, DOROTHY PH.D.
Address: 10430 SW 183RD ST
City-St-Zip: MIAMI, FL 33157

Title: VD (X) Change ( ) Addition
Name: GARY, LORRAINE
Address: 492 NW 165 ST RD #C-308
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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 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: RICK SICLARI MD 01/03/2006

Electronic Signature of Signing Officer or Director — Date