


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**6 Jul 03, 2008 8:00 am
Secretary of State**

06-09-2008 90227 026 ***138.75

DOCUMENT # L00000012014		
1. Entity Name CARE NETPASS, L.L.C.		
Principal Place of Business 7805 CORAL WAY SUITE 107 MIAMI, FL 33155	Mailing Address PO BOX 1384 MIAMI, FL 33144-1384	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORDOVA, ANGEL D 780 NW 42 AVE SUITE 416 MIAMI, FL 33126		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DIAZ, ISABELLE 821 SW 176 AVE PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LA TORRE, ROSA DE 10261 SW 58 ST MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR REGALADO, RICARDO 1712 SW 103 PLACE MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u><i>Ricardo L Regalado</i></u> Ricardo L Regalado		Date: <u>7/1/08</u> 325-398-0804
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>