

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017847

FILED
May 01, 2008
Secretary of State

Entity Name: CARE 2 INVEST, LLC

Current Principal Place of Business:

10370 S.W. 220 STREET, #131
MIAMI, FL 33190

New Principal Place of Business:

14181 SW 275 ST
HOMESTEAD, FL 33032

Current Mailing Address:

10370 S.W. 220 STREET, #131
MIAMI, FL 33190

New Mailing Address:

14181 SW 275 ST
HOMESTEAD, FL 33032

FEI Number: 84-1702940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MIGNON, CLAIRE M
10370 S.W. 220 STREET
#131
MIAMI, FL 3319 US

Name and Address of New Registered Agent:

MIGNON, CLAIRE M
14181 SW 275 ST
HOMESTEAD, FL 33032 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: CLAIRE M MIGNON

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MIGNON, CLAIRE M
Address: 10370 S.W. 220 STREET, #131
City-St-Zip: MIAMI, FL 33190

Title: MGR () Delete
Name: LEGROS, EMMANUEL
Address: 10370 S.W. 220 STREET, #131
City-St-Zip: MIAMI, FL 33190

Title: S () Delete
Name: MIGNON, CLAIRE M
Address: 10370 S.W. 220 STREET, #131
City-St-Zip: MIAMI, FL 33190

Title: T () Delete
Name: LEGROS, EMMANUEL M
Address: 10370 S.W. 220 STREET, #131
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MIGNON, CLAIRE M
Address: 14181 SW 275 ST
City-St-Zip: HOMESTEAD, FL 33032

Title: MGR (X) Change () Addition
Name: LEGROS, EMMANUEL
Address: 14131 SW 275 ST
City-St-Zip: HOMESTEAD, FL 33032

Title: S (X) Change () Addition
Name: MIGNON, CLAIRE M
Address: 14181 SW 275 ST
City-St-Zip: HOMESTEAD, FL 33032

Title: T (X) Change () Addition
Name: LEGROS, EMMANUEL M
Address: 14131 SW 275 ST
City-St-Zip: HOMESTEAD, FL 33032

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 is true and accurate and that my electronic 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: CLAIRE M MIGNON

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date