2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# M45513

Entity Name: CHARITY CARE INC.

Current Principal Place of Business:

461 E. 31 ST.
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

461 E. 31 ST.
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 59-2765915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLER, VIVIAN
461 E. 31 ST.
HIALEAH, FL 33013 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SOLER, VIVIAN
Address: 16902 NW 83 AVE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete
Name: MARTINEZ, YAMILE
Address: 8712 NW 110 ST
City-St-Zip: HIALEAH GARDNES, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: VIVIAN SOLER PD 04/14/2009

Electronic Signature of Signing Officer or Director Date