

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007166

**FILED**  
**Apr 20, 2004**  
**Secretary of State****Entity Name:** CARET FUND INC.**Current Principal Place of Business:**3665 N BAYHOMES DR  
MIAMI, FL 33133**New Principal Place of Business:**2665 SOUTH BAYSHORE DR  
STE 800  
MIAMI, FL 33133**Current Mailing Address:**3665 N BAYHOMES DR  
MIAMI, FL 33133**New Mailing Address:**2665 SOUTH BAYSHORE DR  
STE 800  
MIAMI, FL 33133**FEI Number:** 65-1041565**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GERSHMAN, DAVID  
3665 N BAYHOMES DR  
MIAMI, FL 33133**Name and Address of New Registered Agent:**GERSHMAN, DAVID  
2665 SOUTH BAYSHORE DR  
STE 800  
MIAMI, FL 33133

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: \_\_\_\_\_

04/20/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: GERSHMAN, DAVID  
Address: 3665 N BAYHOMES DR  
City-St-Zip: MIAMI, FL 33133

Title: D/P ( ) Delete  
Name: LERNER, JOSEPH  
Address: 155 PINE HILL RD  
City-St-Zip: HOLLIS, NH 03049

Title: D/T ( ) Delete  
Name: LERNER, ARNOLD  
Address: 155 PINE HILL RD  
City-St-Zip: HOLLIS, FL 03049

Title: S (X) Delete  
Name: WEZDECKI, ISABELLA  
Address: 156 LAKESIDE ROAD  
City-St-Zip: HEWITT, NJ 07421

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: GERSHMAN, DAVID  
Address: 2665 SOUTH BAYSHORE DR STE 800  
City-St-Zip: MIAMI, FL 33133

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

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 Section 119.07(3)(i), 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: DAVID GERSHMAN

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04/20/2004

Electronic Signature of Signing Officer or Director

Date