

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007166

FILED
Feb 05, 2007
Secretary of State

Entity Name: CARET FUND INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DR
STE 800
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DR
STE 800
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-1041565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DR
STE 800
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: DPS () Delete
Name: GERSHMAN, DAVID
Address: 2665 SOUTH BAYSHORE DR STE 800
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DAVID GERSHMAN

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02/05/2007

Electronic Signature of Signing Officer or Director

Date