

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007166

FILED
Mar 12, 2009
Secretary of State

Entity Name: CARET FUND INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133

New Principal Place of Business:

550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133

New Mailing Address:

550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146

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
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GERSHMAN, DAVID
550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146 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:

03/12/2009

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: DPS (X) Change () Addition
Name: GERSHMAN, DAVID
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: D/P (X) Change () Addition
Name: LERNER, JOSEPH
Address: 855 FOLSOM STREET, #531
City-St-Zip: SAN FRANCISCO, CA 94107

Title: D/T (X) Change () Addition
Name: LERNER, ARNOLD
Address: 28880 GIRARD TERRACE
City-St-Zip: NAPLES, FL 34119

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

SIGNATURE: DAVID GERSHMAN

SCTY

03/12/2009

Electronic Signature of Signing Officer or Director

Date