


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002618</b> 1. Entity Name <b>CREATIVE CARING, INC.</b>	
--	---

Principal Place of Business <b>15694 SW 232ND STREET MIAMI, FL 33170</b>	Mailing Address <b>15694 SW 232ND STREET MIAMI, FL 33170</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04232005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1091472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DECASTRO, MONICA 15694 SW 232ND STREET MIAMI, FL 33170</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DECASTRO, MONICA 15694 SW 232ND STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD DECASTRO, PURA M 15694 SW 232ND STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALVEREZ, SANDRA 15694 SW 232ND STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Monica DeCastro **4/22/05 305.245.8673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #