

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002842

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: CARIDAD UNIVERSAL USA, INC.

**Current Principal Place of Business:**

120 WEST BOUGAINVILLEA AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16424  
TAMPA, FL 336876424

**New Mailing Address:**

FEI Number: 59-3712530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, NILDA  
10114 NORTH ASHLEY STREET  
TAMPA, FL 33612 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: P ( ) Delete  
Name: LOPEZ, NILDA  
Address: 10114 NORTH ASHLEY STREET  
City-St-Zip: TAMPA, FL 33612

Title: DR ( ) Delete  
Name: SANCHEZ, MARGARITA M  
Address: 6825 WEST CALUMET  
City-St-Zip: LAKE WORTH, FL 33467

Title: DR ( ) Delete  
Name: ROSA, IVETTE CARMEN  
Address: 201 SOUTH 22ND STREET  
City-St-Zip: TAMPA, FL 33605

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

Title: P (X) Change ( ) Addition  
Name: LOPEZ, NILDA M DR.  
Address: 10114 NORTH ASHLEY STREET  
City-St-Zip: TAMPA, FL 33612

Title: DR (X) Change ( ) Addition  
Name: ELIAS LEY, JOSE I DR.  
Address: 10114 NORTH ASHLEY STREET  
City-St-Zip: TAMPA, FL 33612

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: NILDA MOLINA LOPEZ

P

04/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date