

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002842

FILED
May 22, 2007
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:

7517 N CORTEZ AVE.
TAMPA, FL 33614

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, NILDA
10114 NORTH ASHLEY STREET
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

LOPEZ, NILDA
7517 N CORTEZ AVE.
TAMPA, FL 33614 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: _____

05/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: 7517 N CORTEZ AVE
City-St-Zip: TAMPA, FL 33614

Title: DR (X) Change () Addition
Name: ELIAS LEY, JOSE I DR.
Address: 7517 N CORTEZ AVE
City-St-Zip: TAMPA, FL 33614

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

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: DR. NILDA LOPEZ

PRES

05/22/2007

Electronic Signature of Signing Officer or Director

Date