2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002842

Name:

Address: City-St-Zip:

Entity Name: CARIDAD UNIVERSAL USA. INC

FILED Apr 27, 2009 Secretary of State

Entity Nan	ne: CARIDAD	UNIVERSAL USA, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
6601 N. RIVIERA MANOR DR. D-2 TAMPA, FL 33604				8701 REDWOOD CT. TAMPA, FL 33604				
Current Mailing Address:				New Mailing Address:				
P.O. BOX 1 TAMPA, FL								
FEI Number:	59-3712530	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certifica	te of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
LOPEZ, NILDA 6601 N RIVIERA MANOR DR D-2 TAMPA, FL 33604 US				LOPEZ, NILDA 8701 REDWOOD CT. TAMPA, FL 33604 US				
The above in the State		ubmits this statement for the pu	arpose of	f changing it	ts registere	d office or r	egistered ag	ent, or both,
SIGNATURE:				04/27/2009				
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () I LOPEZ, NILDA N 6601 N RIVIERA TAMPA, FL 3360	MANOR DR D2		Title: Name: Address: City-St-Zip:	P LOPEZ, NIL 8701 REDW TAMPA, FL	OOD CT.	() Addition	
Title: Name: Address: City-St-Zip:	DR () I ELIAS LEY, JOS P.O. BOX 16424 TAMPA, FL 3368			Title: Name: Address: City-St-Zip:		() Change (() Addition	
Title: Name: Address: City-St-Zip:	DR () I ROSA, IVETTE C 201 SOUTH 22N TAMPA, FL 3360	D STREET		Title: Name: Address: City-St-Zip:		(X) Change TE CARMEN 22ND STREE 33605	TRUSTEE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	6825 W. CA	() Change (MARGARITA M LUMET CIRC TH, FL 33467	M TREASUR LE	
Title:	1()	Delete		Title:	SECR	() Change ((X) Addition	

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.

Name: Address:

City-St-Zip:

SIGNATURE: NILDA MOLINA LOPEZ PRES 04/27/2009

HARRIS, KATHERINE SECRETA

1409 E. 143 AVE.

TAMPA, FL 33613