2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# N05000001651

Entity Name: EL PORTAL C.A.R.E.S., INC.

Current Principal Place of Business:

8780 NE 2 AVENUE
EL PORTAL, FL 33138 US

New Principal Place of Business:

8760 NE 2 AVENUE
EL PORTAL, FL 33138 US

Current Mailing Address:

8780 NE 2 AVENUE
EL PORTAL, FL 33138

New Mailing Address:

8760 NE 2 AVENUE
EL PORTAL, FL 33138 US

FEI Number: 34-2037676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHIS, HAROLD P
420 NE 90 STREET
EL PORTAL, FL 33138 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: T ( ) Delete
Name: BESTMAN, EVALINA
Address: 1313 NW 36 STREET, SUITE 500
City-St-Zip: MIAMI, FL 33142 US

Title: D ( ) Delete
Name: JOHNSON, TROY
Address: 150 NE 87 STREET
City-St-Zip: EL PORTAL, FL 33138 US

Title: S ( ) Delete
Name: SWEET, CHANTE
Address: 300 NW 87 STREET
City-St-Zip: EL PORTAL, FL 33138 US

Title: P ( ) Delete
Name: MATHIS, HAROLD
Address: 205 NE 87 STREET
City-St-Zip: EL PORTAL, FL 33138 US

Title: D ( ) Delete
Name: WELLMAN, DAWN
Address: 9700 NE 2 AVENUE
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete
Name: JUSTE, VITER
Address: 290 NW 86 ST
City-St-Zip: EL PORTAL, FL 33138 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: HAROLD P. MATHIS P 03/05/2008
Electronic Signature of Signing Officer or Director — Date