

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009476

FILED  
Feb 10, 2012  
Secretary of State

Entity Name: CARHA INC.

**Current Principal Place of Business:**

1858 SW ANGELICO LANE  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880145  
PORT SAINT LUCIE, FL 34988

**New Mailing Address:**

FEI Number: 90-0430328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEPTEMBRE, DJUMY  
1858 SW ANGELICO LANE  
PORT SAINT LUCIE, FL 34984 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: CHR  
Name: DJUMY, SEPTEMBRE  
Address: PO BOX 880145  
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: PRES  
Name: MICHAEL, WIGGINS R  
Address: PO BOX 880145  
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: VP  
Name: TOD, MOWERY  
Address: PO BOX 880145  
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: O  
Name: LEON, CAMARDA  
Address: PO BOX 880145  
City-St-Zip: PORT SAINT LUCIE, FL 34988

I hereby 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 all other like empowered.

SIGNATURE: DJUMY SEPTEMBRE

CHR

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date