

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 23, 2012
Secretary of State

DOCUMENT# N07000009476

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

Title: PRES
Name: JAUSHWA, RUSELL
Address: 1858 SW ANGELICO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP
Name: JOHN, BLIFFEN
Address: 1858 SW ANGELICO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: OFFI
Name: PEGGY, QUICK J
Address: 1858 SW ANGELICO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: OFFI
Name: YVES, PROPHETE
Address: 1858 SW ANGELICO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TRES
Name: MICHELLE, POPE K
Address: 1858 SW ANGELICO LANE
City-St-Zip: PORT ST LUCIE, FL 34984

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

DIR

03/23/2012

Electronic Signature of Signing Officer or Director

Date