

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008402

FILED
Apr 16, 2009
Secretary of State

Entity Name: CHILDREN & ADULT AGING SERVICES, INC.

Current Principal Place of Business:

7175 SW 8 STREET
SUITE 209
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7175 SW 8 STREET
SUITE 209
MIAMI, FL 33144

New Mailing Address:

FEI Number: 26-3373158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, IVETTE
11800 SW 18 ST
#418
MIAMI, FL 33175 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: P () Delete
Name: MARTINEZ, IVETTE
Address: 11800 SW 18 ST, #418
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: ROMAY, IRYS
Address: 11800 SW 18 ST, #418
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: GARCIA, JULIAN
Address: 5510 SW 139 PLACE
City-St-Zip: MIAMI, FL 33175

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:

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: IVETTE MARTINEZ

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date