

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005108

FILED  
Feb 19, 2010  
Secretary of State

Entity Name: CARE RELIEF INC.

**Current Principal Place of Business:**

3389 SHERIDAN STREET  
277  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3389 SHERIDAN STREET  
277  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RODMAN, MERRILL D JR.  
3389 SHERIDAN STREET  
277  
HOLLYWOOD, FL 33021 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  
Name: RODMAN, MERRILL D JR.  
Address: 3389 SHERIDAN STREET #277  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: GOODMAN, CHARISMA  
Address: 3389 SHERIDAN STREET #277  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: VARGA, ZOLTAN  
Address: 3389 SHERIDAN STREET #277  
City-St-Zip: HOLLYWOOD, FL 33021

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: MERRILL D RODMAN JR

PRES

02/19/2010

Electronic Signature of Signing Officer or Director

Date