# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2011**
**Secretary of State**

DOCUMENT# N10000004815

**Entity Name:** CARING MOTHER'S AND HEALTHY BABIES INC.

**Current Principal Place of Business:**

2920 S. W. 22ND AVE
616
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2920 S. W. 22ND AVE
616
DELRAY BEACH, FL 33445

**New Mailing Address:**

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

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

NARCISSE, MARJORIE B PRES
2920 S. W. 22ND AVE.
616
DELRAY BEACH, FL 33445 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: PRES
Name: MARJORIE, NARCISSE B
Address: 2920 S. W. 22ND AVE, APT. 616
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP
Name: NARCISSE, SABAS P
Address: 2920 S. W. 22ND AVE, APT. 616
City-St-Zip: DELRAY BEACH, FL 33445

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: MARJORIE B. NARCISSE PRES 03/29/2011
Electronic Signature of Signing Officer or Director — Date