

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008257

FILED
Apr 20, 2012
Secretary of State

Entity Name: SIBLING CARE, INC.

Current Principal Place of Business:

14322 NW 14TH CT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

14322 NW 14TH CT
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 90-0608701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUVIOSE, JUMEL
14322 NW 14TH CT
PEMBROKE PINES, FL 33028 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: PLUVIOSE, JUMEL
Address: 14322 NW 14TH CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T
Name: JEAN, MIRIELLE
Address: 820 NE 180TH ST
City-St-Zip: MIAMI, FL 33162

Title: S
Name: CHERRY, FRANTZ
Address: 20711 NW MIAMI PLACE
City-St-Zip: MIAMI, FL 33169

Title: D
Name: OKOLI-KING, KAVIN
Address: 4302 NW 203RD ST
City-St-Zip: MIAMI GARDENS, FL 33055

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: JUMEL PLUVIOSE

PRES

04/20/2012

Electronic Signature of Signing Officer or Director

Date