

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011330

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: MBAF CARES, INC.

**Current Principal Place of Business:**

1001 BRICKELL BAY DR, 9TH FL  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BRICKELL BAY DR, 9TH FL  
MIAMI, FL 33131

**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:**

ALFONSO, MARTA  
1001 BRICKELL BAY DR, 9TH FL  
MIAMI, FL 33131 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: D  
Name: ARGIZ, ANTONIO L  
Address: 1001 BRICKELL BAY DR, 9TH FL  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: FARRA, MIGUEL  
Address: 1001 BRICKELL BAY DR, 9TH FL  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: ROSENBERG, STUART  
Address: 1001 BRICKELL BAY DR, 9TH FL  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: ALFONSO, MARTA  
Address: 1001 BRICKELL BAY DR, 9TH FL  
City-St-Zip: MIAMI, FL 33131

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: ANTONIO ARGIZ

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date