


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90083 008 \*\*\*\*61.25

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # N32001</b><br>1. Entity Name<br>CARIDAD CENTER, INC.   |  |   |  |    |   |
| Principal Place of Business<br>8645 W BOYNTON BEACH BLVD<br>BOYNTON BEACH, FL 33437 US   |  |   | Mailing Address<br>8645 W BOYNTON BEACH BLVD<br>BOYNTON BEACH, FL 33437 US |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |   |
| City & State   |  | City & State  |  |   |   |
| Zip<br><b>33472</b>  | Country  | Zip<br><b>33472</b>   | Country  | 4. FEI Number<br><b>65-0149423</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br>RETAMAR, RICHARD E ESQ<br>2424 NORTH FEDERAL HWY STE 460<br>BOCA RATON, FL 33431  |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable _____ DATE _____   |  |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BERRY, CONSTANCE<br>3372 FOREST HILL BLVD C-141<br>WEST PALM BEACH, FL 33406 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>TORRES, LUIS<br>8645 W BOYNTON BCH BLVD<br>BOYNTON BEACH, FL 33437          | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>FIELDS, JEFF<br>9941 CORONADO CALLE DR<br>BOYNTON BEACH, FL 33437            | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>SNELLING, LINDA<br>301 YAMATO RD<br>BOCA RATON FL 33431<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>SPEED, MARIE<br>6413 CONGRESS AVE.<br>BOCA RATON, FL 33487                   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br><input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>RETAMAR, RICHARD<br>2424 N. FEDERAL HWY<br>BOCA RATON FL 33431<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br><input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |   |   |
| <b>SIGNATURE:</b> <u>Luis A. TORRES VP</u> <b>1-10-08</b> <b>561 7376336</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |   |  |   |   |

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