

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32190

FILED
Jan 27, 2010
Secretary of State

Entity Name: FOSTER CARE REVIEW, INC.

Current Principal Place of Business:

155 SOUTH MIAMI AVE. SUITE 601
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

155 SOUTH MIAMI AVE. SUITE 601
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 65-0118944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POZO, ANA MARIA JD
155 SOUTH MIAMI SUITE 601
MIAMI, FL 33130 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: CHA
Name: EZELL, KATHERINE
Address: 25 W. FLAGLER ST., STE. 800
City-St-Zip: MIAMI, FL 33130

Title: VCHA
Name: PREGO, MAYDA
Address: 2333 PONCE DE LEON BLVD., 4TH FL
City-St-Zip: CORAL GABLES, FL 33134

Title: TRES
Name: LIBERTY, JASON
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 33132

Title: SECR
Name: RUSSO, STEPHANIE
Address: 2 S. BISCAYNE BLVD., 21ST FL.
City-St-Zip: MIAMI, FL 33131

Title: PCHA
Name: HUTCHINS, CHRIS
Address: 2525 PONCE DE LEON BLVD., 5TH FL
City-St-Zip: CORAL GABLES, FL 33134

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: ANA M. POZO

ED

01/27/2010

Electronic Signature of Signing Officer or Director

Date