2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000642

FILED Mar 31, 2009 Secretary of State

Entity Name: CARRFOUR SUPPORTIVE HOUSING, INC.

Current Principal Place of Business:				New Principal Place of Business:			
2828 CORAL WAY 500				2828 CORAL WAY 500			
MIAMI, FL:	33145 US				BLES, FL 3314	5 US	
Current Mailing Address:				New Mailing Address:			
2828 COR <i>A</i> 500	AL WAY			2828 CORA	AL WAY		
MIAMI, FL 33145 US				CORAL GABLES, FL 33145 US			
FEI Number:	65-0387766	FEI Number Applied For	() FEI Nur	nber Not Appli	icable () C	Certificate of Status I	Desired (X)
Name and	Address of C	urrent Registered Ag	ent:	Name and	Address of Nev	w Registered Ag	ent:
BERMAN, STEPHANIE 2828 CORAL WAY SUITE 500 MIAMI, FL 33145 US				BERMAN, STEPHANIE 2828 CORAL WAY SUITE 500 CORAL GABLES, FL 33145 US			
The above in the State		ubmits this statement f	or the purpose o	of changing it	s registered offic	ce or registered a	gent, or both,
SIGNATURE: STEPHANIE BERMAN				03/31/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	GARCIA, TERE	Delete DRE DRIVE 10TH FL 3		Title: Name: Address: City-St-Zip:	GARCIA, TERESIT	hange()Addition FA RE DRIVE 10TH FL	
Title: Name: Address: City-St-Zip:	TD () DANNER, STEP 1101 BRICKELL MIAMI, FL 3313	AVE STE 1402		Title: Name: Address: City-St-Zip:	() CI	hange () Addition	
Title: Name: Address: City-St-Zip:	SD () CASALE, FRANI 16400 NW 32ND MIAMI, FL 3305) AVE		Title: Name: Address: City-St-Zip:	() CI	hange () Addition	
Title: Name: Address: City-St-Zip:	C () MESSER, JOHN 801 BRICKELL MIAMI, FL 3313	AVE., STE 2450		Title: Name: Address: City-St-Zip:	() CI	hange () Addition	
Title: Name: Address: City-St-Zip:	ODEDO, ALAN	Delete AVE, STE 1015 5		Title: Name: Address: City-St-Zip:	VC (X) C OJEDA, ALAN 1000 BRICKELL A MIAMI, FL 33131	hange()Addition	
Title: Name: Address: City-St-Zip:	P () BERMAN, STEP 2828 CORAL W. MIAMI, FL 3314	AY, SUITE 500		Title: Name: Address: City-St-Zip:	() Cl	hange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE BERMAN P 03/31/2009