


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002158</b>	
1. Entity Name <b>CURE INC.</b>	

Principal Place of Business <b>8500 SW 8TH STREET #204 MIAMI, FL 33144</b>	Mailing Address <b>8500 SW 8TH STREET #204 MIAMI, FL 33144</b>
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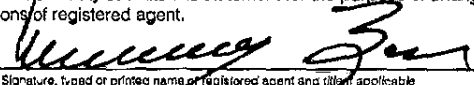
04072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number <b>65-0481456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BARBARA, ARNOLD 8500 SW 8TH STREET SUITE 204 MIAMI, FL 33144</b>
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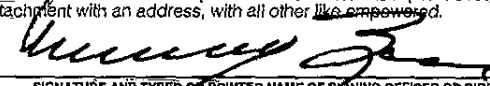
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>4/15/05</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBARA, ARNOLD 8500 SW 8TH STREET #204 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTELLON, ORLANDO 8500 SW 8TH STREET #204 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, MURIEL 8500 SW 8TH STREET #204 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
SIGNATURE: 	DATE <b>4/15/05</b> (305) 261-8000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	