

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002158 1. Entity Name CURE INC.	
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Principal Place of Business 8500 SW 8TH STREET #204 MIAMI, FL 33144	Mailing Address 8500 SW 8TH STREET #204 MIAMI, FL 33144
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04172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

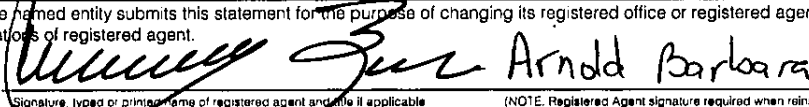
4. FEI Number 65-0481456	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARBARA, ARNOLD
8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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  **Arnold Barbara** DATE **04/17/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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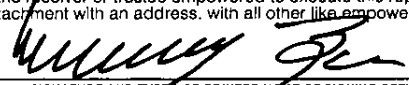
10. OFFICERS AND DIRECTORS

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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IN THIS SPACE**

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05/03/07-80052-023 150.00

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.

SIGNATURE:  **Arnold Barbara** DATE **04/17/07** Daytime Phone # **305-261-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR