

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002158

1. Entity Name
CURE INC.



Principal Place of Business
8500 SW 8TH STREET
#204
MIAMI, FL 33144

Mailing Address
8500 SW 8TH STREET
#204
MIAMI, FL 33144

FILED
Jun 13, 2008 08:00 AM
Secretary of State



04292008 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

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

04-23-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBARA, ARNOLD
STREET ADDRESS	8500 SW 8TH STREET #204
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	V
NAME	CASTELLON, ORLANDO
STREET ADDRESS	8500 SW 8TH STREET #204
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	S
NAME	LOPEZ, MURIEL
STREET ADDRESS	8500 SW 8TH STREET #204
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 R. Barbara
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

04/23/08 305-261-8000