


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000024470	
1. Entity Name CARING, INC.	

Principal Place of Business 4200 NW 16TH ST STE 300 LAUDERHILL, FL 33313	Mailing Address 4200 NW 16TH ST STE 300 LAUDERHILL, FL 33313
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01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1778411	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOHAMAD, FAIYAUD 4200 NW 16TH ST STE 300 LAUDERHILL, FL 33313

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000135260 04/28/04-80051-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSAUD, CHRISTINE 5570 NW 44TH ST #A207 LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOHAMAD, FAIYAUD 5570 NW 44TH ST #A207 LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 607, 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: FAIYAUD MOHAMAD 04-15-04 954-485-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #