

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000024470	
1. Entity Name CARING, INC.	

Principal Place of Business 5570 NW 44TH ST STE A207 FORT LAUDERDALE, FL 33319	Mailing Address 5570 NW 44TH ST STE A207 FORT LAUDERDALE, FL 33319
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1778411	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMAD, FAIYAUD
5570 NW 44TH STREET
A 207
FORT LAUDERDALE, FL 33319

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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

No changes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when maintaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000544135
05/11/06-80023-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERSAUD, CHRISTINE
STREET ADDRESS	5570 NW 44TH ST #A207
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	VP
NAME	MOHAMAD, FAIYAUD
STREET ADDRESS	5570 NW 44TH ST #A207
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Mohamad Faiyaud* **FAIYAUD MOHAMAD** **04-20-06** **344-357-2211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #