## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 02, 2008 08:00 AM Secretary of State

ANNUAL REPURI								
DOCUMENT # P0100 1. Entity Name KARE, INC.								
Principal Place of Business	Mailing Address							
3091 NE 45TH ST FT LAUDERDALE, FL 33308	3091 NE 45TH ST FT LAUDERDALE, FL 33308							

FT LAUDERD	ALE, FL 33308	FT LAUDERDALE, FL 33308					
DO NOT WRITE IN THIS SPACE			CE	05192008 4. FEI Numb 65-114	No Chg-P		Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent					1001/040100
POLYTARIDES, RENEE 3091 NE 45TH ST FT LAUDERDALE, FL 33308			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the ions of registered about			istered agent, or bo			n familiar with, and accept
FILE NOW!!! FEE IS \$150.00 " 9. Election Campaign Financin  Due by September 12, 2008 Trust Fund Contribution.			\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIRE	CTORS	ł				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD POLYTARIDES, RENEE 3091 NE 45TH ST FT LAUDERDALE, FL 33308				U0000 06/04/08		20 1-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			53/5/1/52				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	'RIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PAC	E
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5- 19-2008

954 781-8080

Daytime Phone #