
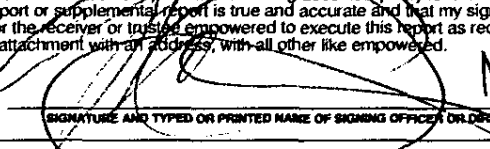


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90303 013 \*\*\*150.00

|   |   |                     |   |   |  |
|---|---|---------------------|---|---|--|
| <b>DOCUMENT # P02000016648</b><br>1. Entity Name<br>THE CARE GROUP CORP.  |   |                     |   |                |  |
| Principal Place of Business<br>8150 SW 8TH STREET<br>SUITE 216<br>MIAMI, FL 33144   |   |                     | Mailing Address<br>8150 SW 8TH STREET<br>SUITE 216<br>MIAMI, FL 33144   |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |   |  |
| City & State  |   | City & State        |   | 4. FEI Number<br>50-0003806   |  |
| Zip   |   | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |   |                     |   | 7. Name and Address of New Registered Agent   |  |
| LIBERTY BUSINESS SERVICES, INC.<br>8204 NW 103RD STREET<br>HIALEAH GARDENS, FL 33016  |   |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                              |  |
|   |   |                     |   | FL Zip Code   |  |
| 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 _____   |   |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PTD<br>GUERRA, ARACELIS R<br>8230 SW 18TH STREET<br>MIAMI, FL 33155 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>BARDALES, DINA Y.<br>4721 N.W. 7 ST. APT 408 MIA. FL 33126                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>CASTILLA, MINERVA E<br>11134 NW 3RD STREET<br>MIAMI, FL 33172 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |                     |   |   |  |
| <b>SIGNATURE:</b>    |   |                     | MINERVA E. CASTILLA 4/23/04 (305) 479-8691  |   |  |