2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000016648

Entity Name: THE CARE GROUP CORP.

FILED Dec 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8150 SW 8TH STREET SUITE 216 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

8150 SW 8TH STREET SUITE 216 MIAMI, FL 33144

FEI Number: 50-0003806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SICILIA, DIANELYS

1461 WEST 42ND STREET, #301

HIALEAH, FL 33012 US

JULIO, GONZALEZ

8150 SW 8 TH STREET

SUITE 216

MIAMI, FL 33144 US

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.

SIGNATURE: JULIO GONZALEZ 12/15/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PVST (X) Change () Addition

 Name:
 GUERRA, ARACELIS R
 Name:
 JULIO, GONZALEZ

 Address:
 8230 SW 18TH STREET
 Address:
 8150 SW 8 TH STREET SUITE 216

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33144

Title: S () Delete Title: S (X) Change () Addition

Name: SICILIA, DIANELYS Name: JULIO, GONZALEZ

Address: 1464 WEST 42ND STREET #301 Address: 8150 S.W. 8 TH STREET SUITE 216

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO GONZALEZ PVSR 12/15/2005