

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072140

Entity Name: CARI HOME CARE, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

1452 NORTH KROME AVENUE
SUITE 101F
FLORIDA CITY, FL 33034

New Principal Place of Business:

38 NW 5 STREET
HOMESTEAD, FL 33030

Current Mailing Address:

1452 NORTH KROME AVENUE
SUITE 101F
FLORIDA CITY, FL 33034

New Mailing Address:

38 NW 5 STREET
HOMESTEAD, FL 33030

FEI Number: 03-0466465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABRERA, IDA T
1452 NORTH KROME AVENUE
SUITE 101F
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

CABRERA, IDA T
38 NW 5 STREET
HOMESTEAD, FL 33030 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: IDA T CABRERA

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABRERA, IDA T
Address: 1452 NORTH KROME AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP () Delete
Name: MARTINEZ, ISEPHINE
Address: 1452 NORTH KROME AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: SDO () Delete
Name: CABRERA, VALERY G
Address: 1452 NORTH KROME AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: T () Delete
Name: CABRERA, ELIO
Address: 1452 NORTH KROME AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABRERA, IDA T
Address: 38 NW 5 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change () Addition
Name: MARTINEZ, ISEPHINE
Address: 38 NW 5 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: SDO (X) Change () Addition
Name: CABRERA, VALERY G
Address: 38 NW 5 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: T (X) Change () Addition
Name: CABRERA, ELIO
Address: 38 NW 5 STREET
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: IDA T CABRERA

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date