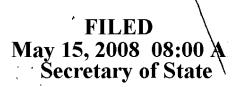
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000057423

1. Entity Name
CAREALL INSURANCE CORPORATION





Principal Place of Business 15405 SW 297TH ST HOMESTEAD, FL 33033 Mailing Address 15405 SW 297TH ST HOMESTEAD, FL 33033								
D	O NOT WRITE II	03252008 4. FEI Numbe 51-050	- No Chg-P *** CR					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
	ions of registered agent Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	f Agent signature requ	uired when reinstating)	DA			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				55.00 May Be Added to Fees	U000009516 - 06/04/08-8004)20 12-009 150 00		
10. ITHE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT PSTD ROCHE, AVEYLIN C 15405 SW 297TH ST HOMESTEAD, FL 33033 S DIAZ, YENIS 15405 S.W. 29TH STREET HOMESTEAD, FL 33033	CTORS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NOWESTEAD, PE 33033				NOT WRI THIS SPAC			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP	eruly that the information supplied with this f	uling does not qualify for the eye	motions contain	ned in Chanter 110	Porida Slatutes I further	certify that the information		

indicated on this report or supplied with this limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. I furner certify that the 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.

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roch YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone #