2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# P05000020317

Entity Name: CARE PHARMACEUTICALS, INC.

Current Principal Place of Business:

3450 WEST 84 STREET
SUITE 101
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

3450 WEST 84 STREET
SUITE 101
HIALEAH, FL 33018

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADAVIECO, KRISTINA
3450 WEST 84 STREET
SUITE 101
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

MONTES DE OCA, IVAN
3450 WEST 84 STREET
SUITE 101
HIALEAH, FL 33018 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: IVAN MONTES DE OCA 02/08/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CADAVIECO, KRISTINA
Address: 3450 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONTES DE OCA, IVAN
Address: 3450 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33018

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: IVAN MONTES DE OCA PRES 02/08/2007
Electronic Signature of Signing Officer or Director Date