

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000142513

FILED
Aug 10, 2008
Secretary of State**Entity Name:** GOD CARES, INC.**Current Principal Place of Business:**18201 NW 57TH AVE.
MIAMI, FL 33055**New Principal Place of Business:****Current Mailing Address:**18201 NW 57TH AVE.
MIAMI, FL 33055**New Mailing Address:****FEI Number:** 54-2157594**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PAUL, JEAN J
18201 NW 57TH AVE.
MIAMI, FL 33055 US**Name and Address of New Registered Agent:**PAUL, JEAN J
1600 SW 117 AVE
DAVIE, FL 33325 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: JEAN J PAUL

08/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPT () Delete
Name: PAUL, JEAN J
Address: 18201 NW 57TH AVE.
City-St-Zip: MIAMI, FL 33055**Title:** VP (X) Delete
Name: CASTRO, MARIA
Address: 3464 SW 171ST TERR
City-St-Zip: MIRAMAR, FL 33027**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPT (X) Change () Addition
Name: PAUL, JEAN J
Address: 1600 SW 117 AVE
City-St-Zip: DAVIE, FL 33325**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEAN J PAUL

DPT

08/10/2008

Electronic Signature of Signing Officer or Director

Date