

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000089691

Entity Name: CARING FOR YOU, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

401 ORANGE AVENUE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 ORANGE AVENUE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 20-5257916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SANCHEZ, DOLORES K ESQ.  
4701 N. FEDERAL HIGHWAY  
STE 316  
LIGHTHOUSE POINT, FL 33064 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: KOVELMAN, INNA  
Address: 401 ORANGE AVENUE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: OFFI  
Name: KOVELMAN, ALEKSANDR  
Address: 401 ORANGE AVENUE  
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby 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 all other like empowered.

SIGNATURE: INNA KOVELMAN

PRES

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date