

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008692

Entity Name: CURE CARE GROUP INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

3900 NW 79TH AVE SUITE 468
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 NW 79TH AVE SUITE 468
DORAL, FL 33166

New Mailing Address:

FEI Number: 20-8281324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, TAMARA
3900 NW 79TH AVE SUITE 468
DORAL, FL 33166 US

Name and Address of New Registered Agent:

FONSECA, YOSVANI
3900 NW 79TH AVE SUITE 468
DORAL, FL 33166 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: YOSVANY FONSECA

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PINEDA, TAMARA
Address: 3900 NW 79TH AVE SUITE 468
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONSECA, YOSVANY
Address: 3900 NW 79TH AVE SUITE 468
City-St-Zip: DORAL, FL 33166

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: YOSVANY FONSECA

PD

02/09/2009

Electronic Signature of Signing Officer or Director

Date