

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090453

FILED  
Apr 03, 2010  
Secretary of State

Entity Name: CARE MOBILE, INC.

**Current Principal Place of Business:**

1338 N.W. 123RD AVE.  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

1641 N. HIATUS ROAD #127  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 26-3515963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KATZ, BARRY H  
1338 N.W. 123RD AVE.  
PEMBROKE PINES, FL 33026 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KATZ, BARRY H  
Address: 1338 N.W. 123RD AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: TRES  
Name: KATZ, BARRY H  
Address: 1338 N.W. 123RD AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: SECT  
Name: KATZ, BARRY H  
Address: 1338 N.W. 123RD AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: DIR  
Name: KATZ, BARRY H  
Address: 1338 N.W. 123RD AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 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: BARRY H. KATZ

PRES

04/03/2010

Electronic Signature of Signing Officer or Director

Date