2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000063788

Entity Name: CARE PRO D & D INC

FILED Feb 17, 2011 Secretary of State

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|---|-------------------------------------|-----------------------------------|---|--|
| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
| 2775 W OKEECHOBEE | ERD. | | | |
| HIALEAH, FL 33010 | US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 2775 W OKEECHOBE | E RD. | | | |
| LOT 49 HIALEAH, FL 33010 | US | | | |
| FEI Number: 27-0638833 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| ZALDIVAR, MARIA 2775 W. OKEECHOBE LOT 49 HIALEAH, FL 33010 U | | | | |
| The above named entity in the State of Florida. | y submits this statement for the pu | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electro | onic Signature of Registered Ager | nt | Date | |
| | | | | |
| OFFICERS AND DIRECTORS. | | | | |

OFFICERS AND DIRECTORS:

Title:

ZALDIVAR, MARIA Name:

2775 W. OKEECHOBEE RD LOT 49 Address:

City-St-Zip: HIALEAH, FL 33010 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: MARIA ZALDIVAR Ρ 02/17/2011