

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000081302

FILED
Apr 13, 2012
Secretary of State

Entity Name: CARING CARE RESIDENTIAL HABILITATION SERVICES CORP.

Current Principal Place of Business:

1903 FOREST AVE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1903 FOREST AVE
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 27-3591448 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESTIN, NADEGE
1901 FOREST AVE
WEST PALM BEACH, FL 33406 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/S
Name: ESTIN, NADEGE
Address: 1903 FOREST AVE
City-St-Zip: WEST PALM BEAC, FL 33406

Title: VP T
Name: ESTIN, KLIVENS
Address: 1903 FOREST AVE
City-St-Zip: WEST PALM BEACH, FL 33406

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: NADEGE ESTIN

P/S

04/13/2012

Electronic Signature of Signing Officer or Director

Date