
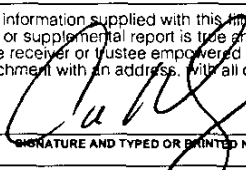


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90061 013 \*\*\*150.00

<b>DOCUMENT # P94000002494</b> 1. Entity Name <b>CARE FORCE, INC.</b>					
Principal Place of Business <b>5190 NW 167 STREET SUITE 113 MIAMI LAKES, FL 33014 US</b>			Mailing Address <b>5190 NW 167 STREET SUITE 113 MIAMI LAKES, FL 33014 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5801 NW 151 ST.</b>		3. Mailing Address <b>5801 NW 151 ST.</b>			
Suite, Apt. #, etc. <b>Suite 304</b>		Suite, Apt. #, etc. <b>Suite 304</b>			
City & State <b>Miami Lakes, FL</b>		City & State <b>Miami Lakes, FL</b>			
Zip <b>33014</b>		Country <b>USA</b>		4. FEI Number <b>65-0459046</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent <b>CRUZ, CARLOS M 14561 SW 97TH STREET MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>CRUZ, CARLOS M</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>14561 SW 97TH STREET</b>	CITY-ST-ZIP <b>MIAMI, FL 33186</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b>	NAME <b>CRUZ, DIVINIA A</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>14561 SW 97TH STREET</b>	CITY-ST-ZIP <b>MIAMI, FL 33186</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address. With all other I am empowered.					
<b>SIGNATURE:</b>  <b>CARLOS M. CRUZ</b> <b>Jan. 31, 2008</b> <b>786-251-9510</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					