

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000076811

FILED
Oct 02, 2008
Secretary of State**Entity Name:** THE CARING ADVISOR, INC.**Current Principal Place of Business:**16969 NW 67TH AVE
STE 101
MIAMI, FL 33015**New Principal Place of Business:****Current Mailing Address:**16969 NW 67TH AVE
STE 101
MIAMI, FL 33015**New Mailing Address:****FEI Number:** 65-0540587**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**BRICKMAN, ELIZABETH
16969 NE 67TH AVE
STE 101
MIAMI, FL 33015 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:** PD () Delete
Name: BRICKMAN, ELIZABETH
Address: 16969 NW 67TH AVE, STE 101
City-St-Zip: MIAMI, FL 33015**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: BRICKMAN, GUY
Address: 16969 NW 67TH AVE STE 101
City-St-Zip: MIAMI, FL 33015

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: ELIZABETH BRICKMAN

PD

10/02/2008

Electronic Signature of Signing Officer or Director

Date