

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025133

FILED  
Jun 03, 2008  
Secretary of State

Entity Name: SUCARE, INC.

**Current Principal Place of Business:**

4000 TOWERSIDE TERRACE  
APT 402  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

4000 TOWERSIDE TERRACE  
APT 402  
MIAMI, FL 33138

**New Mailing Address:**

1000 QUAYSIDE TERRACE  
APT 1610  
MIAMI, FL 33138

FEI Number: 65-0601753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARELLANO, GISELA  
4000 TOWERSIDE TERRACE  
APT 402  
MIAMI, FL 33138 US

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

ARELLANO, GLADYS  
1000 TOWERSIDE TERRACE  
APT 1610  
MIAMI, FL 33138 US

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: GLADYS ARELLANO

06/03/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DE ARELLANO, GLADYS M  
Address: 125 E. 63 STREET, APT 2D  
City-St-Zip: NEW YORK, NY 10021

Title: VPS ( ) Delete  
Name: ARELLANO, ADRIANA  
Address: 125 E. 63 STREET, APT 2D  
City-St-Zip: NEW YORK, NY 10021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GLADYS ARELLANO

OFF

06/03/2008

Electronic Signature of Signing Officer or Director

Date