## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000039643

Entity Name: CARE FAMILY CENTER, INC.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1785 EAST 4TH AVENUE 1957 W 60 ST HIALEAH, FL 33010 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

11881 S.W. 35 TERRACE 10401 NW 130 ST

MIAMI, FL 33175 HIALEAH GARDENS, FL 33018

FEI Number: 65-0749770 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SALVADOR, FERNANDEZ
11881 S.W. 35 TERRACE
MIAMI, FL 33175 US
SALVADOR, FERNANDEZ
10401 NW 130 ST
HIALEAH GARDENS, FL 33018 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: SALVADOR FERNANDEZ 04/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 P
 ( ) Delete

 Name:
 FERNANDEZ, SALVADOR

 Address:
 11881 S.W. 35 TERRACE

 City-St-Zip:
 MIAMI, FL 33175 `

 Title:
 VP
 ( ) Delete

 Name:
 HERNANDEZ, ODALYS

 Address:
 11881 S.W. 35 TERRACE

Address: 11881 S.W. 35 TER City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition

Name: FERNANDEZ, SALVADOR

Address: 10401 NW 130 ST

City-St-Zip: HIALEAH GARDENS, FL 33018 \

Title: VP (X) Change () Addition

Name: HERNANDEZ, ODALYS Address: 10401 NW 130 ST

City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the 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: SALVADOR FERNANDEZ P 04/29/2006