

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039643

FILED  
May 03, 2010  
Secretary of State

Entity Name: CARE FAMILY CENTER, INC.

## Current Principal Place of Business:

1957 W 60 ST  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

10401 NW 130 ST  
HIALEAH GARDENS, FL 33018

## New Mailing Address:

FEI Number: 65-0749770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALVADOR, FERNANDEZ  
10401 NW 130 ST  
HIALEAH GARDENS, FL 33018 US

## Name and Address of New Registered Agent:

IVETTE, 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: IVETTE FERNANDEZ

05/03/2010

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  
Name: FERNANDEZ, SALVADOR  
Address: 10401 NW 130 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VP  
Name: HERNANDEZ, ODALYS  
Address: 10401 NW 130 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: T  
Name: FERNANDEZ, IVETTE  
Address: 10401 NW 130 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S  
Name: FERNANDEZ, LILIANNE  
Address: 10401 NW 130 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

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: IVETTE FERNANDEZ

T

05/03/2010

Electronic Signature of Signing Officer or Director

Date