2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2011
Secretary of State

DOCUMENT# P97000039643

Entity Name: CARE FAMILY CENTER, INC.

Current Principal Place of Business:

1957 W 60 ST
HIALEAH, FL 33012

New Principal Place of Business:

1957 W 60 STREET
HIALEAH, FL 33012

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:

IVETTE, FERNANDEZ
10401 NW 130 ST
HIALEAH GARDENS, FL 33018 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: 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 09/09/2011
Electronic Signature of Signing Officer or Director Date