## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000070646

Entity Name: CARE INSURANCE AGENCY, INC

FILED Feb 23, 2007 Secretary of State

Littly Nai	IIIE. CARE III	ISORANCE AGENCT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10241 SW 142 ST MIAMI, FL 331767041			1673 SW 67TH AVE SUITE C MIAMI, FL 33155182'	7	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
10241 SW MIAMI, FL	142 ST 331767041		P.O. BOX 161498 MIAMI, FL 331161498	3	
FEI Number:	: 65-0781855	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
The above	142 ST 331767041  l		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ac	jent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( DIAS, RONALI 10241 SW 14: MIAMI, FL 33	2 ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( SOKOLOW, C 10241 SW 14: MIAMI, FL 33	2 ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RONALD DIAS DP 02/23/2007