

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070646

Entity Name: CARE INSURANCE AGENCY, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1673 SW 67TH AVE
SUITE C
MIAMI, FL 331551827

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161498
MIAMI, FL 331161498

New Mailing Address:

FEI Number: 65-0781855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAS, RONALD
10241 SW 142 ST
MIAMI, FL 331767041 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIAS, RONALD
Address: 10241 SW 142 ST
City-St-Zip: MIAMI, FL 331767041

Title: VP () Delete
Name: SOKOLOW, CAROL
Address: 10241 SW 142 ST
City-St-Zip: MIAMI, FL 331767041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SOKOLOW, CAROL
Address: 9500 DADELAND BLVD. SUITE 700
City-St-Zip: MIAMI, FL 33156

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: RONALD DIAS

DP

04/21/2009

Electronic Signature of Signing Officer or Director

Date