

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048181

Entity Name: CAREFLORIDA, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

415 WEST 49 STREET
HIALEAH, FL 33012

New Principal Place of Business:

415 WEST 49 STREET
SUITE 1
HIALEAH, FL 33012

Current Mailing Address:

415 WEST 49 STREET
HIALEAH, FL 33012

New Mailing Address:

415 WEST 49 STREET
SUITE 1
HIALEAH, FL 33012

FEI Number: 65-0991280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, OSVALDO
415 WEST 49 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

MARTINEZ, OSVALDO
415 WEST 49 STREET
SUITE 1
HIALEAH, FL 33012 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: OSVALDO MARTINEZ

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, OSVALDO
Address: 415 WEST 49TH STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: OSVALDO MARTINEZ

PSD

01/09/2007

Electronic Signature of Signing Officer or Director

Date