

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S90578

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** CORPORATE CARE INTERNATIONAL, INC.

**Current Principal Place of Business:**

7705 TRAPANI LANE  
BOYNTON BEACH, FL 33472 US

**New Principal Place of Business:**

5317 BROOKLAWN TERRACE  
BOYNTON BEACH, FL 33437 US

**Current Mailing Address:**

PO BOX 741901  
BOYNTON BEACH, FL 334741901 US

**New Mailing Address:**

**FEI Number:** 65-0290237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESTER, HELENE  
7705 TRAPANI LANE  
BOYNTON BEACH, FL 334727391 US

**Name and Address of New Registered Agent:**

MESTER, HELENE  
5317 BROOKLAWN TERRACE  
BOYNTON BEACH, FL 33437 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: HELENE MESTER

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MESTER, HELENE  
Address: PO BOX 741901  
City-St-Zip: BOYNTON BEACH, FL 33474

Title: TVPS  
Name: MESTER, LAURENCE  
Address: PO BOX 741901  
City-St-Zip: BOYNTON BEACH, FL 33474

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: HELENE MESTER

P

04/13/2012

Electronic Signature of Signing Officer or Director

Date