

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32001

Entity Name: CARIDAD CENTER, INC.**Current Principal Place of Business:**8645 W BOYNTON BEACH BLVD
BOYNTON BCH, FL 33472**Current Mailing Address:**8645 W BOYNTON BEACH BLVD
BOYNTON BCH, FL 33472 US**FEI Number:** 65-0149423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RETAMAR, RICHARD EESQ
823 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BERRY, CONSTANCE
Address	3372 FOREST HILL BLVD C-141
City-State-Zip:	WEST PALM BEACH FL 33406

Title	VPD
Name	TORRES, LUIS
Address	8645 W BOYNTON BCH BLVD
City-State-Zip:	BOYNTON BEACH FL 33437

Title	T, D
Name	SHARMA, SANJIV
Address	8645 W. BOYNTON BEACH BLVD
City-State-Zip:	BOYNTON BEACH FL 33472

Title	SD
Name	SPEED, MARIE
Address	6413 CONGRESS AVE.
City-State-Zip:	BOCA RATON FL 33487

Title	VPD
Name	RETAMAR, RICHARD
Address	823 E. HILLSBORO BLVD.
City-State-Zip:	DEERFIELD BEACH FL 33441

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS TORRES

VP,D

01/21/2014

Electronic Signature of Signing Officer/Director Detail_____
Date