

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S90578

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

**Current Principal Place of Business:**

5317 BROOKLAWN TERRACE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

PO BOX 741901  
BOYNTON BEACH, FL 33474-1901 US

**FEI Number:** 65-0290237

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title TVPS  
Name MESTER, LAURENCE  
Address PO BOX 741901  
City-State-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

**PRESIDENT**

**04/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date