


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90035 018 ****61.25

DOCUMENT # N95000003232

1. Entity Name
CARVEL FOUNDATION, INC.



Principal Place of Business
757 SE 17TH ST #417
FT. LAUDERDALE, FL 33316 US

Mailing Address
757 SE 17TH ST #417
FT. LAUDERDALE, FL 33316 US

94037134



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0607673

Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

CARVEL, PAMELA
757 SE 17TH ST, #417
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name **L. CARVEL**

Street Address (P.O. Box Number is Not Acceptable)
757 SE 17 ST. #417

City **FT. LAUDERDALE** FL Zip Code **33316**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARVEL ESTATE, AGNES 268 RUSSELL CT., 3 WOBURN PL. LONDON ENGLAND WC1H 0NF. <input type="checkbox"/> Delete
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARVEL, PAMELA 757 SE 17TH ST, #417 FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARVEL, LINDA 757 SE 17TH ST, #417 FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARVEL, CYNTHIA 767 SE 17TH ST #417 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. RADMIROVIC 757 SE 17 ST. #417 FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/04** DAYTIME PHONE # **954-524-1909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR