

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90067 013 ***150.00

DOCUMENT # P97000095923

1. Entity Name
CARVO & EMERY, P.A.



Principal Place of Business

Mailing Address

~~ONE FINANCIAL PLAZA~~

~~ONE FINANCIAL PLAZA~~

~~SUITE 2020~~

~~SUITE 2020~~

~~FORT LAUDERDALE, FL 33394 US~~

~~FORT LAUDERDALE, FL 33394 US~~

2. Principal Place of Business

888 SOUTH ANDREWS AVE.

3. Mailing Address

888 SOUTH ANDREWS AVE.

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

03082006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0792462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EMERY, MICHAEL R.~~
~~ONE FINANCIAL PLAZA~~
~~SUITE 2020~~
~~FORT LAUDERDALE, FL 33394~~

7. Name and Address of New Registered Agent

Name

MICHAEL R. EMERY

Street Address (P.O. Box Number is Not Acceptable)

888 SOUTH ANDREWS AVE., SUITE 201

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

Michael R. Emery
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARVO, CARYN G.	
STREET ADDRESS	ONE FINANCIAL PLAZA SUITE 2020	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	

TITLE	DVST	<input type="checkbox"/> Delete
NAME	EMERY, MICHAEL R.	
STREET ADDRESS	ONE FINANCIAL PLAZA SUITE 2020	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVO, CARYN GOLDENBERG	
STREET ADDRESS	888 SOUTH ANDREWS AVE, SUITE 201	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	

TITLE	D V S T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, MICHAEL R.	
STREET ADDRESS	888 SOUTH ANDREWS AVE, SUITE 201	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. EMERY, V.P.

03/10/06

Date

Daytime Phone #