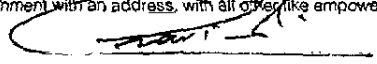


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # J58585		
1. Entity Name CRAVINO ENTERPRISES, INC.		
Principal Place of Business 9600 NW 25TH ST STE 6-A MIAMI, FL 33172	Mailing Address 9600 NW 25TH ST STE 6-A MIAMI, FL 33172	 02012006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0175800 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PATINO, RAMON A 9600 NW 25TH STREET STE 6-A MIAMI, FL 33172		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
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 NAME STREET ADDRESS CITY-ST-ZIP	DPT FERRANDO, LAURO CRAVINO 10823 NW 7TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FERRANDO, SERGIO CRAVINO 10823 NW 7TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASSANELLO, S. LUIS CRAV 10823 NW 7TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  04/07/06 305-477-2939 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		