

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000015928

**Entity Name:** CARVONIS CORP

**Current Principal Place of Business:**

4350 NW 107TH AVE STE 208  
MIAMI, FL 33178

**Current Mailing Address:**

4350 NW 107TH AVE STE 208  
MIAMI, FL 33178 US

**FEI Number:** 82-4484614

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARVONIS, KRYSTOFF  
4350 NW 107TH AVE STE 208  
MIAMI, FL 33178 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 CARVONIS, KRYSTOFF  
Address 4350 NW 107TH AVE STE 208  
City-State-Zip: MIAMI FL 33178

Title SEC  
Name CARVONIS, KRYSTOFF  
Address 4350 NW 107TH AVE STE 208  
City-State-Zip: MIAMI FL 33178

Title TREA  
Name CARVONIS, KRYSTOFF  
Address 4350 NW 107TH AVE STE 208  
City-State-Zip: MIAMI FL 33178

Title DIR  
Name CARVONIS, KRYSTOFF  
Address 4350 NW 107TH AVE STE 208  
City-State-Zip: MIAMI FL 33178

*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:** KRYSTOFF CARVONIS

**PRESIDENT**

**02/01/2024**

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

\_\_\_\_\_  
Date