

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 11, 2007 8:00 am
Secretary of State

02-28-2007 90015 049 ***150.00

DOCUMENT # G18484 1. Entity Name PRAVEL CORPORATION					
Principal Place of Business 5493 NW 72ND AVE 4422 NW 74 AVE MIAMI FL 33166				Mailing Address 5493 NW 72ND AVE 4422 NW 74 AVE MIAMI FL 33166	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2246121 ☐ Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEQUENO, LAUREANO P 9870 SW 34 ST. MIAMI FL 33165				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ Signature of principal or registered agent and one in each place. (NOTE: Registered agent signature required when reappointing)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PEQUENO, LAUREANO 5493 NW 72ND AVE 4422 NW 74 AVE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO TORRES, YOLANDA 5493 NW 72ND AVE 4422 NW 74 AVE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>LAUREANO PEQUENO</u> 2-19-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

PRAVEL CORPORATION

WE HAVE MOVED.....

PLEASE SEND ALL DELIVERIES AND MAIL TO OUR NEW ADDRESS :

4422NW 74 AVENUE

Miami, FL 33166

Phone (305)471-8585

Fax(305)471-8586

ATTACHMENT

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