

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L29017

FILED  
May 05, 2004  
Secretary of State

**Entity Name:** CARAVAN AIRPORT TRANSPORT AND DELIVERY CO., INC.

**Current Principal Place of Business:**

16087 GOLDCUP DR. E.  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 221915  
WEST PALM BEACH, FL 334221915 US

**New Mailing Address:**

**FEI Number:** 65-0260153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASZONI, ROBERT  
16087 GOLDCUP DRIVE EAST  
LOXAHATCHEE, FL 33470

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

KASZONI, ATTILA R  
16087 GOLDCUP DRIVE EAST  
LOXAHATCHEE, FL 33470

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: KASZONI ATTILA R

05/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KASZONI, ANNA  
Address: 16087 GOLDCUP DR EAST  
City-St-Zip: LOXAHATCHEE, FL

Title: VP (X) Delete  
Name: KASZONI, ROBERT  
Address: 16087 GOLDCUP DR EAST  
City-St-Zip: LOXAHATCHEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KASZONI, ATTILA R  
Address: 16087 GOLDCUP DR EAST  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JASZONI ATTILA R

P

05/05/2004

Electronic Signature of Signing Officer or Director

Date