

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000071901

Entity Name: CARAVAN PRODUCT, INC.

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16850-112 COLLINS AVE., #196  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

231 174TH STREET, #808  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 65-1027415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAPOVOK, ROMAN  
16850-112 COLLINS AVENUE, 196  
SUNNY ISLES BEACH, FL 33160 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAPOVOK, ROMAN  
Address: 9165 CARLYLE AVENUE  
City-St-Zip: SURFSIDE, FL 33154

Title: VPD  
Name: KAEM, LEONID  
Address: 16850-112 COLLINS AVE #196  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: LEONID KAEM

VP

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date