


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081608	
1. Entity Name CARVEN OF FLORIDA, INC.	

Principal Place of Business 10660 FOUNTAINEBLEAU BLVD MIAMI, FL 33172	Mailing Address 9950 NW 9 STREET CIRCLE NO 101 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



09092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1134329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MANUEL
9950 NW 9 STREET CIRCLE NO 101
MIAMI, FL 33172

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IN THIS SPACE**

7. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, MANUEL A 9950 NW 9 STREET CIRCLE NO 101 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, MANUEL 9950 NW 9 STREET CIRCLE NO 101 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALVAREZ, VICTORIA 9950 NW 9 STREET CIRCLE NO 101 MIAMI, FL 33172
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Sept. 11, 2004 (305-207-5959)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #