

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 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



DO NOT WRITE IN THIS SPACE

07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1134329	Applied For Not Applicable
5. Certificate of Status Desired <input 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

**DO NOT WRITE
IN THIS SPACE**

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, 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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/25/05-80007-011 158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 21, 2005 305-228-8440