


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0291341 AV

DOCUMENT # P01000081608	
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04-16-2003 90211 030 ***150.00

1. Entity Name CARVEN OF FLORIDA, INC.	Principal Place of Business 10660 FOUNTAINBLEAU BLVD MIAMI FL 33172	Mailing Address 9950 NW 9 STREET CIRCLE NO 101 MIAMI FL 33172
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2. Principal Place of Business 10660 FOUNTAINBLEAU BLVD.	3. Mailing Address Suite, Apt. #, etc. ϕ
City & State MIAMI, Florida	City & State ϕ
Zip 33172	Country U.S.A

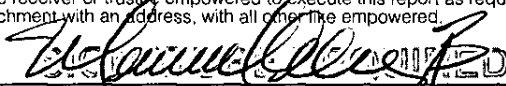
☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1134329	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 ϕ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME ALVAREZ, MANUEL A	TITLE	NAME
STREET ADDRESS 9950 NW 9 STREET CIRCLE NO 101	CITY-ST-ZIP MIAMI FL 33172	STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME ALVAREZ, MANUEL	TITLE	NAME
STREET ADDRESS 9950 NW 9 STREET CIRCLE NO 101	CITY-ST-ZIP MIAMI FL 33172	STREET ADDRESS	CITY-ST-ZIP
TITLE STD	NAME ALVAREZ, VICTORIA	TITLE	NAME
STREET ADDRESS 9950 NW 9 STREET CIRCLE NO 101	CITY-ST-ZIP MIAMI FL 33172	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: APRIL 14, 2003 (305) 807-5959 Date Daytime Phone #
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CR2E034 (10/02)