


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000051637</b>	
1. Entity Name CARVI EXPRESS LOGISTICS, CORP.	

Principal Place of Business 7850 NW 80 ST #2 MIAMI, FL 33166	Mailing Address PO BOX 522458 MIAMI, FL 33152
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08292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4506213	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BARRIOS, EVELIA LOURDES 18466 NW 52ND PATH MIAMI, FL 33055
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**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's signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARRIOS, EVELIA LOURDES 18466 NW 52ND PATH MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOPEZ, GERARD 18466 NW 52ND PATH MIAMI, FL 33055
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1100000377536  
09/01/05-80003-008 550.00

**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)(f), 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: Gerard Lopez 08/24/05 (305) 599-0788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #