

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000051637**

1. Entity Name  
**CARVI EXPRESS LOGISTICS, CORP.**



Principal Place of Business  
**6908 N.W. 166TH TERRACE  
MIAMI LAKES, FL 33014**

Mailing Address  
**6908 N.W. 166TH TERRACE  
MIAMI LAKES, FL 33014**



07112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-4506213</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BARRIOS, EVELIA LOURDES  
6908 N.W. 166TH TERRACE  
MIAMI LAKES, FL 33014**

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BARRIOS, EVELIA LORDES
STREET ADDRESS	6908 N.W. 166TH TERRACE
CITY - ST - ZIP	MIAMI LAKES, FL 33014

TITLE	VD
NAME	LOPEZ, GERARD
STREET ADDRESS	6908 N.W. 166TH TERRACE
CITY - ST - ZIP	MIAMI LAKES, FL 33014

TITLE	
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07/27/06-80006-012 550.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

7/10/06

Date

Daytime Phone # \_\_\_\_\_