

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000016960

1. Entity Name  
KARVEN, INC.



Principal Place of Business

12525 ORANGE DRIVE  
SUITE 702  
DAVIE, FL 33330

Mailing Address

12525 ORANGE DRIVE  
SUITE 702  
DAVIE, FL 33330



05302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2271456

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KARAM I, EDMOND  
12525 ORANGE DRIVE  
SUITE 702  
DAVIE, FL 33330

**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 \$850.00  
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAM I, EDMOND 12525 ORANGE DRIVE SUITE 702 DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAM L, EDMOND 12525 ORANGE DRIVE SUITE 702 DAVIE, FL 33330
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U00000952534  
06/04/08-80083-014 550.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

EDMOND KARAM L

5/30/08

954-577-0454