

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90300 024 ***158.75

DOCUMENT # P98000072704	
1. Entity Name CARVAJAL MOVING, INC.	

Principal Place of Business 13350 N.W. 32 AVENUE OPA LOCKA, FL 33054	Mailing Address 13350 N.W. 32 AVENUE OPA LOCKA, FL 33054
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2. Principal Place of Business 549 West 53 St.	3. Mailing Address 549 West 53 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Nialeah, FL	City & State Nialeah, FL
Zip 33012	Zip 33012
Country USA	Country USA



02182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0860613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARVAJAL, RIGOBERTO 13350 N.W. 32 AVENUE OPA LOCKA, FL 33054	7. Name and Address of New Registered Agent Name CARVAJAL, Rigoberto Street Address (P.O. Box Number is Not Acceptable) 549 West 53 St. City Nialeah FL Zip Code 33012
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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 **RIGOBERTO** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARVAJAL, RIGOBERTO		NAME	
STREET ADDRESS 13350 N.W. 32 AVENUE		STREET ADDRESS 549 West 53 St.	
CITY-ST-ZIP OPA LOCKA, FL 33054		CITY-ST-ZIP Nialeah, FL 33012	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other file empowered.

SIGNATURE: **RIGOBERTO CARVAJAL** **DIRECTOR** Date **305 826 8285** Daytime Phone #