


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000072704**

1. Entity Name CARVAJAL MOVING, INC.



Principal Place of Business  
549 W 53 ST  
HIALEAH, FL 33012

Mailing Address  
549 W 53 ST  
HIALEAH, FL 33012

**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0860613</b>	Applied For Nor Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARVAJAL, RIGOBERTO  
549 W 53 ST  
HIALEAH, FL 33012

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UD00000911436 05/07/08-80040-009 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVAJAL, RIGOBERTO 549 W 53 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, HILDA M 549 W 53 ST. HIALEAH, FL 33012
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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:** Hilda M. Rivas HILDA M. RIVAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/27/08 305 826 8285  
Date Daytime Phone #