

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90357 030 \*\*\*158.75

**DOCUMENT # P98000101284**

1. Entity Name

KARIVE EXPRESS, INC.



Principal Place of Business

18848 NW 83RD PLACE  
 MIAMI FL 33015

Mailing Address

18848 NW 83RD PLACE  
 MIAMI FL 33015

2. Principal Place of Business

2909 NW 7 ST.

3. Mailing Address

2909 NW 7 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0884551

Applied For

Not Applicable

Zip

33125

Country

MIAMI DADE

Zip

33125

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, MARTA  
 18848 NW 83RD PLACE  
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PTD  Delete  
 NAME: NAVARRO, MARTA  
 STREET ADDRESS: 18848 NW 83RD PLACE  
 CITY-ST-ZIP: MIAMI FL 33015

TITLE: VSD  Delete  
 NAME: NAVARRO, NAPOLEON  
 STREET ADDRESS: 18848 NW 83RD PLACE  
 CITY-ST-ZIP: MIAMI FL 33015

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 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 all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

NAPOLEON NAVARRO 04-27-04 962-4764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

44041621



MOORE

CR2E034 (11/03)