


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90144 032 ***158.75

DOCUMENT # P98000101284

1. Entity Name
KARIVE EXPRESS, INC.



| | |
|-------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business 2909 NW 7TH ST. MIAMI, FL 33125 | Mailing Address 2909 NW 7TH ST. MIAMI, FL 33125 |
|-------------------------------------------------------------------|-------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

40066719



04182005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 65-0884551 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NAVARRO, MARTA
 18848 NW 83RD PLACE
 MIAMI, FL 33015

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 | VSD NAVARRO, NAPOLEON 18848 NW 83RD PLACE MIAMI, FL 33015 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT/TREASURER/DIRECTOR JOSE COLONDIRES 2909 NW 7TH ST. MIAMI, FL 33125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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:  **NAPOLEON NAVARRO** 04-19-05 305-9624764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #