

2005
**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

WE DID NOT ~~RECEIVED~~
FILED
 TH May 02 2005 08:00 AM
 Secretary of State

DOCUMENT # S10557

1. Entity Name
 CARAVAN, INC.



Principal Place of Business
 503 SE 20TH AVE
 BOYNTON BEACH, FL 33435

Mailing Address
 P.O. BOX 290537
 DAVIE, FL 33329

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0226885

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Can Be Returned

6. Name and Address of Current Registered Agent

STANCIU, ANA
 2049 SOUTH OCEAN DR
 APT 609 E
 HALLANDALE, FL 33009

DC
 IN

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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	P STANCIU, ANA 2049 S OCEAN DR APT 604 E HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STANCIU, JONEL 13761 N.W. 23RD STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANCIU, VASA 2005 OCEAN WALK TERRACE #315 POMPANO BEACH, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 1 indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonel Stanica JONEL STANICA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonel Stanica
 TEL# (954) 608-8085

3246

DATE 4/28/05 09-04/13/2070
 \$158.75
 DOLLARS
 000000356082
 05/04/05-80019-01 \$158.75
 Florida Department of STATE
 HUNDRED FIFTY-EIGHT AND 75/100
 THE HATTERAS APTS.
 CARAVAN, INC.
 Washington Mutual
 Washington Mutual Bank, FA
 5500 S. University Blvd
 Cooper City, FL 33028
 1-800-744-7000
 24 Hour Customer Service
 226985
 000003246 112670841311 194616730