


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S24290 1. Entity Name CARIVON CONSTRUCTION COMPANY	
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Principal Place of Business 12171 SW 131 AVE MIAMI, FL 33186	Mailing Address 12171 SW 131 AVE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0235237	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 IVONNE, MUNNE 12171 SW 131 AVE MIAMI, FL 33186	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MUNNE, IVONNE 12171 SW 131 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HERNANDEZ, CARLOS 12171 SW 131 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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07/19/04-80018-002 75.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Munne **305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2329024**
Date Daytime Phone #