

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-14-2007 90064006 ***150.00

P06000130200

FILED


2008 APR 21 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1st MOORE CR2E034 (10/06)

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DOCUMENT # P06000130200					
1. Entity Name CAYON FAMILY HOLDINGS, INC.					
Principal Place of Business 3857 WEST 16TH AVENUE HIALEAH FL 33012		Mailing Address 3857 WEST 16TH AVENUE HIALEAH FL 33012			
2. Principal Place of Business - No P.O. Box *		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number: "APPLIED FOR"	
Zip	Country	Zip	Country	Apply For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUEHNICA, EDUARDO 7200 NW 19TH STREET, SUITE 301 MIAMI FL 33126			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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME CAYON CAPITAL FUNDING SUBSIDIARY, LLC 3857 West 16 Avenue Hialeah, Florida 33012	<input type="checkbox"/> Delete	NAME Holdercy	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000128776430 05/07/08--01041--006 **150.00	
NAME EDUARDO GUEHNICA 7200 NW 19th St. Suite 301 Miami, FL 33126	<input type="checkbox"/> Delete	NAME Registered Agent	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Roberto Cayon 19420 W SAINT ANDREWS DR MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete	NAME Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	REINSTATEMENT	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	07-08	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 person 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: <i>[Signature]</i>			2/5/07 305 8236731		