


**2013 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P08000107970 1. Entity Name CAPITAL ADVISORY INTERNATIONAL, INC.		
Principal Place of Business 3200 NE 14 STREET POMPANO BEACH, FL 33062		Mailing Address 2805 EAST OAKLAND PARK BLVD PMB 363 FORT LAUDERDALE, FL 33306
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 120504 Suite, Apt. #, etc.
City & State Ft. LAUDERDALE, FL		4. FEI Number 51-0351729
Zip 33312		Country US
6. Name and Address of Current Registered Agent FYTTON, HAMON 3200 NE 14 STREET POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name FYTTON, HAMON Street Address (P.O. Box Number is Not Acceptable) 2610 MARINA BAY DR E, APT 503 City Ft. LAUDERDALE FL Zip Code 33312
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: <i>Francisco</i> DATE: 6 DEC 2013		
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		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
TITLE P <input type="checkbox"/> Delete NAME FYTTON, HAMON F STREET ADDRESS 2805 EAST OAKLAND PARK BLVD PMB 363 CITY-ST-ZIP FORT LAUDERDALE, FL 33306	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 800255117448 CITY-ST-ZIP 12/31/13--01005--003 **150.00	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 exemptions contained in Chapter 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 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: <i>Francisco</i> DATE: 6 DEC 2013		EMAIL ADDRESS: FRANCISCO@INTERNETINFORMATION.COM

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13 APR 19 AM 9:35
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TALLAHASSEE, FLORIDA



10142013 Chg-P CR2E034 (12/11)

4. FEI Number 51-0351729 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6 DEC 2013

Francisco
12/31



Corporations Payments Tools Activity Information

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TALLAHASSEE, FLORIDA

Annual Report Filing History

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Session

Description
Session file for P08000107970 with last modified date of 4/19/2013 1:55:21 PM East
Session file for P08000107970 with last modified date of 9/23/2013 5:07:50 PM East
Session file for P08000107970 with last modified date of 6/11/2013 11:58:59 AM Ea

Transactions

Transaction Id	Document Id	Filing Fee	Filing Sta
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