

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000004590

1. Entity Name
280 CARABELA INC.



Principal Place of Business

BECKER, GLYNN, MELAMED & MUFFLY, LLP
299 PARK AVENUE
NEW YORK, NY 10171

Mailing Address

BECKER, GLYNN, MELAMED & MUFFLY, LLP
299 PARK AVENUE
NEW YORK, NY 10171



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3308851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILLERES DE HEVIS, MARIA TERESA
STREET ADDRESS MOLIERE 222 TORRE DE OFICINAS PISO 6 11540
CITY-ST-ZIP MEXICO, DF MEXICO,

TITLE S
NAME MUFFLY, ROBERT C
STREET ADDRESS 299 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10171

TITLE AS
NAME KHATCHIKIAN, CARIN V
STREET ADDRESS 299 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10171

TITLE T
NAME HEVIA, GONZALO
STREET ADDRESS MOLIERE 222 TORRE DE OFICINAS PISO 6 11540
CITY-ST-ZIP MEXICO, DF MEXICO,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000800384
01/31/08-80015-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Robert C. Muffly*

Robert C. Muffly, Secretary

January 16, 2008 212-888-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #