2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109989

Name:

Address:

City-St-Zip:

3971 SW 8TH STREET STE #305

MIAMI, FL 331342951

Entity Name: GAIRA BAY PUBLISHING, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1775 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 **Current Mailing Address: New Mailing Address:** 1775 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 FEI Number: 65-1077010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BULLA, LUIS A 1775 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition VIVES, CARLOS A Name: Name: 1775 WEEPING WILLOW WAY Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: () Delete Title: DT Title: () Change () Addition Name: NOGUERA, EDUARDO A Name: 1775 WEEPING WILLOW WAY Address: Address: HOLLYWOOD, FL 33019 US City-St-Zip: City-St-Zip: Title: Title: () Delete DV (X) Change () Addition BULLA, LUIS A BULLA, LUIS A Name: Name: 1775 WEEPING WILLOW WAY 1775 WEEPING WILLOW WAY Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: HOLLYWOOD, FL 33019 US Title: () Delete Title: () Change () Addition SOSA, RAFAEL E

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: EDUARDO NOGUERA TREA 04/30/2009