

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000060637**

1. Entity Name  
**CAPADALA HOLDINGS, INC.**



Principal Place of Business  
**799 CRANDON BLVD.  
#1002  
KEY BISCAYNE, FL 33149**

Mailing Address  
**799 CRANDON BLVD.  
#1002  
KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



08082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**03-0457842**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JORGE E. OTERO & ASSOCIATES, P.A.  
75 VALENCIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134**

**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

000000771887  
08/10/07-80005-002 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KANAHUATI, ANTONIO  
799 CRANDON BLVD., APT 1002  
KEY BISCAYNE, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/07

Date

305-567-9000

Daytime Phone #