


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000092413
 1. Entry Name
CARABAYA CORPORATION



Principal Place of Business 1331 LINCOLN ROAD APT. 902 MIAMI BEACH, FL 33139	Mailing Address 1331 LINCOLN ROAD APT. 902 MIAMI BEACH, FL 33139
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04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2126302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**LA HOZ, NOEMI E
 1331 LINCOLN ROAD
 APT. #902
 MIAMI BEACH, FL 33139**

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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 _____ (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

U00000922267
 05/15/08-80040-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NOEMI ELVIRA LA HOZ 1331 LINCOLN ROAD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHIABRA, DANTE A 1331 LINCOLN ROAD MIAMI BEACH, FL 33139
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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: Noemi Elvira La Hoz **NOEMI ELVIRA LA HOZ** 4/23/08 305-5315493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #