2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -9 AM 10: 25

DOCUMENT # P03000100944

1. Entity Name
CAVANCHA CORP.

Principal Place of Business	Mailing Address
~~445 GERONA AVE~~ ~~CORAL GABLES, FL 33146 US~~	~~445 GERONA AVE~~ ~~CORAL GABLES, FL 33146 US~~

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2506 PONCE DE LEON BLVD	2506 PONCE DE LEON BLVD
Suite, Apt. #, etc. ATTN: ~~RAFAEL SANCHEZ-ABALLI~~	Suite, Apt. #, etc ATTN: ~~RAFAEL SANCHEZ-ABALLI~~
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134 Country	Zip ~~33134~~ 33134 Country

4. FEI Number
54-2130724
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAFAEL J. SANCHEZ-ABALLI, P.A. ~~445 GERONA AVE~~ ~~CORAL GABLES, FL 33146~~	Name Street Address (P.O. Box Number is Not Acceptable) 2506 PONCE DE LEON BLVD City CORAL GABLES FL Zip Code 33134

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUZMAN MATTA, JOSE A ~~445 GERONA AVE~~ ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2506 PONCE DE LEON BLVD CORAL GABLES FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUZMAN CRUZAT, NICOLAS ~~445 GERONA AVE~~ ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2506 PONCE DE LEON BLVD CORAL GABLES FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRAIN DOGGENWEILER, JUAN A ~~445 GERONA AVE~~ ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2506 PONCE DE LEON BLVD CORAL GABLES FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400012944738824 05/14/08--01015--024 **1477.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 attached sheet, with any other like empowered.

SIGNATURE: RA attorney-in-fact 4.29.08 305.779.5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/13/08