2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048717

CARAVA BRO IFOT INC

2618 STARLAKE VIEW DR

KISSIMMEE, FL 34747

Address: City-St-Zip: FILED Apr 20, 2009 Secretary of State

Entity Name: CAPAYA PROJECT INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4114 CARRIAGE DR N-3					
POMPANO	DBEACH, FL 3	3069			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4114 CARRIAGE DR N-3					
POMPANO BEACH, FL 33069					
FEI Number:	54-2149820	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COTTIN, LEOPOLDO 40 SE 5TH STREET SUITE 400 BOCA RATON, FL 33432 US			COTTIN, LEOPOLDO 1000W MCNAB RD SUITE 158 POMPANO BEACH, FL	1000W MCNAB RD	
	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LEOPOLDO COTTIN				04/20/2009	
	Electroni	c Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () COTTIN, LEOPO 4414 CARRIAGE POMPANO BEA	DRIVE N-3	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () COTTIN, HECTO 3002 SILVER W KISSIMMEE, FL	OOD DR	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	D () COTTIN, FERNA	Delete NDO	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LEOPOLDO COTTIN MR 04/20/2009