2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090060

Entity Name: GAIVOTA INC.

FILED Feb 27, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

520 BRICKELL KEY DRIVE 1000 BRICKELL AVENUE, SUITE 215

SUITE O-301 MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

520 BRICKELL KEY DRIVE 1000 BRICKELL AVENUE, SUITE 215

SUITE O-301 MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 20-5188101 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:

CORPORATE MAINTENANCE SERVICES LLC
520 BRICKELL KEY DRIVE
SUITE O-301

CORPORATE MAINTENANCE SERVICES LLC
1000 BRICKELL AVENUE, SUITE 215
MIAMI, FL 33131

US

SUITE O-301 MIAMI, FL 33131 U MIAMI, FL 33131 US

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: 02/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: FIGNER, HOMERO ICAZA Name: FIGNER, HOMERO ICAZA
Address: 520 BRICKELL KEY DRIVE, SUITE 0-301 Address: 1000 BRICKELL AVENUE, SUITE 215

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: D () Delete Title: () Change () Addition

 Name:
 ICAZA, GABRIELLA
 Name:

 Address:
 520 BRICKELL KEY DRIVE, SUITE 0-301
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:

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.

SIGNATURE: HOMERO ICAZA FIGNER D 02/27/2009

Electronic Signature of Signing Officer or Director

Date