

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004590

Entity Name: 280 CARABELA INC.

FILED  
Jan 15, 2010  
Secretary of State

**Current Principal Place of Business:**

BECKER, GLYNN, MELAMED & MUFFLY, LLP  
299 PARK AVENUE  
NEW YORK, NY 10171

**New Principal Place of Business:**

**Current Mailing Address:**

BECKER, GLYNN, MELAMED & MUFFLY, LLP  
299 PARK AVENUE  
NEW YORK, NY 10171

**New Mailing Address:**

FEI Number: 20-3308851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BAILLERES DE HEVIS, MARIA TERESA  
Address: MOLIERE 222 TORRE DE OFICINAS PISO 6 11540  
City-St-Zip: MEXICO, DF MEXICO,

Title: S  
Name: MUFFLY, ROBERT C  
Address: 299 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10171

Title: AS  
Name: KHATCHIKIAN, CARIN V  
Address: 299 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10171

Title: T  
Name: HEVIA, GONZALO  
Address: MOLIERE 222 TORRE DE OFICINAS PISO 6 11540  
City-St-Zip: MEXICO, DF MEXICO,

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. MUFFLY

S

01/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date