


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31; 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000016889  
1. Entity Name  
BERAJA INVESTMENTS, INC.



Principal Place of Business: 2550 DOUGLAS ROAD FIRST FLOOR, CORAL GABLES, FL 33134-6126  
Mailing Address: 2550 DOUGLAS ROAD FIRST FLOOR, CORAL GABLES, FL 33134-6126

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01172005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1085474 Applied For / Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LEVIN, STANTON G ESQ  
LEVIN & ANDRESS  
1570 MADRUGA AVENUE SUITE 311  
CORAL GABLES, FL 33146

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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERAJA, ISIDORO
STREET ADDRESS	2550 DOUGLAS ROAD FIRST FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, MATILDE
STREET ADDRESS	2550 DOUGLAS ROAD FIRST FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, ROBERTO
STREET ADDRESS	2550 DOUGLAS ROAD FIRST FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, VICTOR
STREET ADDRESS	2550 DOUGLAS ROAD FIRST FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, ESTHER B
STREET ADDRESS	2550 DOUGLAS ROAD FIRST FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/05-80033-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Isidoro Beraja Date: 01/27/05 Daytime Phone #: 9083571706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR