


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

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

Principal Place of Business 2550 DOUGLAS ROAD SUITE 301 CORAL GABLES, FL 33134-6126	Mailing Address 2550 DOUGLAS ROAD SUITE 301 CORAL GABLES, FL 33134-6126
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01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1085474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ (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**  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ISIDORO 2550 DOUGLAS RD SUITE 301 CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, MATILDE 2550 DOUGLAS RD SUITE 301 CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ROBERTO 2550 DOUGLAS RD SUITE 301 CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, VICTOR 2550 DOUGLAS RD SUITE 301 CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ESTHER B 2550 DOUGLAS RD SUITE 301 CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

00000823220  
 02/20/08-80029-012-158.75

**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 attachment with an address, with all other like empowered.

**SIGNATURE:** *Isidoro Beraja* **02-07-08** **(305)357-1706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #