


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000143119 1. Entity Name BERAJA INVESTMENTS II, INC.	
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Principal Place of Business 2550 DOUGLAS RD SUITE 301 CORAL GABLES, FL 33134-6126	Mailing Address 2550 DOUGLAS RD SUITE 301 CORAL GABLES, FL 33134-6126
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01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3751559	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVIN, STANTON G ESQ % STANTON G. LEVIN, P.A. 1570 MADRUGA AVE - STE 311 CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	02/19/08-80041-001 159.75
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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	

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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: Matilde Beraja 02-07-08 (305) 377-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #