


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000075052
1. Entity Name
BERAJA HEALTHCARE CORPORATION



<i>Principal Place of Business</i> 2550 DOUGLAS ROAD SUITE 301 CORAL GABLES, FL 33134	<i>Mailing Address</i> 2550 DOUGLAS ROAD SUITE 301 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0618199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERAJA, MATILDE
2295 S MIAMI AVENUE
MIAMI, FL 33129

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD BERAJA, ROBERTO 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERAJA, VICTOR 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERAJA, MATILDE 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BERAJA, ESTHER 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERAJA, ISIDORO 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/28/05-80069-018 150.00

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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)(f), 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 01/24/05 (305) 317-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #