FILED 2005 FOR PROFIT CORPORATION Mar 07, 2005 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P97000047856 CARANA HOUSING INVESTMENT CORP. Principal Place of Business Mailing Address 4408 NW 93 DORAL STREET PO BOX 40-1308 MIAMI, FL 33178 MIAMI, FL 33245 02252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0756290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIR, ARMANDO DO NOT WRITE 4408 NW 93 DORAL STREET MIAMI, FL 33178 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U000000254496 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees 03/07/05-80075-006 150.00 10. OFFICERS AND DIRECTORS PSD TITLE MARTIR, CARLOS NAME STREET ADDRESS 4408 NW 93 DORAL STREET MIAMI, FL 33178 CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY - ST-ZIP

SIGNATURE: