


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000016889 1. Entity Name BERAJA INVESTMENTS, INC.	
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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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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085474	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000092076 03/18/04-80034-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ISIDORO 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, MATILDE 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ROBERTO 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, VICTOR 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ESTHER B 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-02-04 (30) 357-1706 <small>Date Daytime Phone #</small>
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