


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90102 022 ***150.00

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

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. Suite # 301	Suite, Apt. #, etc. Suite # 301
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City & State	City & State
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Zip	Country	Zip	Country
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60022805



01232007 Chg-P CR2E034 (12/06)

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ISIDORO 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, MATILDE 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ROBERTO 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, VICTOR 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAJA, ESTHER B 2550 DOUGLAS ROAD FIRST FLOOR CORAL GABLES, FL 331346126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Isidoro Beraja</i></u>	07-09-07	305-377-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #