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.

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

01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3751559

Applied For
Not Applicable

5. Certificate of Status Desired ☒ $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

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)

H00000082093
02/19/08-80041-001 158.75

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERAJA, ISIDORO
STREET ADDRESS	2550 DOUGLAS RD SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, MATILDE
STREET ADDRESS	2550 DOUGLAS RD SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, ROBERTO
STREET ADDRESS	2550 DOUGLAS RD SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, VICTOR
STREET ADDRESS	2550 DOUGLAS RD SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 331346126
TITLE	D
NAME	BERAJA, ESTHER B
STREET ADDRESS	2550 DOUGLAS RD SUITE 301
CITY-ST-ZIP	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: Mariela Beraja 02-07-08 (305) 357-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #