

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90048 024 ***150.00

DOCUMENT # 830425

1. Entity Name
HAYRAN PROPERTIES, N.V.



Principal Place of Business
**201 SEVILLA AVE STE 301
CORAL GABLES, FL 33134**

Mailing Address
**201 SEVILLA AVE STE 301
CORAL GABLES, FL 33134**

100000000



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1481476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAGES, MARIO A
201 SEVILLA AVE STE 301
CORAL GABLES, FL 33134**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 CARVAJAL H., LEONARDO 100 N BISCAYNE BLVD.#700 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NV ANTILLIAANEE BEHEERS. SCHOTTEGATWEG OOST 130 CURACAO, N. ANTILLES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAGES, MARIO A. 201 SEVILLA AVE, STE#301 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer PAGES, Roberto 201 Sevilla Ave, Suite 301 Coral Gables, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario A. Pages Secretary

Date

Daytime Phone #

4-28-06 305 4438665