

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

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



04252007 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 <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARVAJAL H., LEONARDO
STREET ADDRESS	100 N BISCAYNE BLVD.#700
CITY-ST-ZIP	MIAMI, FL

TITLE	D
NAME	NV ANTILLIAANEE BEHEERS.
STREET ADDRESS	SCHOTTEGATWEG OOST 130
CITY-ST-ZIP	CURACAO, N. ANTILLES.

TITLE	S
NAME	PAGES, MARIO A.
STREET ADDRESS	201 SEVILLA AVE, STE#301
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	T
NAME	PAGES, ROBERTO
STREET ADDRESS	201 SEVILLA AVE, SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/22/07-80004-012, 150.00

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

4-25-07

305.4438665

Date

Daytime Phone #