
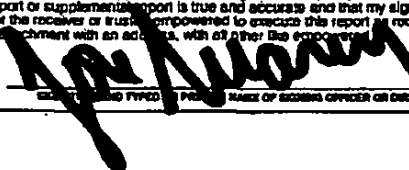


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90022 037 \*\*\*\*61.25

<b>DOCUMENT # N04000008685</b>					
1. Entity Name <b>NARACA, INC.</b>					
Principal Place of Business <b>C/O JOSE SUAREZ 9737 NW 41 ST STE 308 MIAMI, FL 33178</b>			Mailing Address <b>C/O JOSE SUAREZ 9737 NW 41 ST STE 308 MIAMI, FL 33178</b>		
2. Principal Place of Business		3. Mailing Address			
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				01072005 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input checked="" type="checkbox"/> Not Applicable		
6. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SUAREZ, JOSE 9737 NW 41 ST STE 308 MIAMI, FL 33178</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when submitting.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSE SUAREZ, SVP</b> <input type="checkbox"/> Delete <b>9737 NW 41 ST</b> <b>MIAMI FL 33178</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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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		
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 exemption stated in Section 119.07(3)(f), 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 617, 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 the same.					
SIGNATURE: 					
DATE: <b>4/1/05</b>					

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