


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90345 040 \*\*\*150.00

**DOCUMENT # P02000001305**

1. Entity Name  
**NARALIN ENTERPRISES, INC.**



Principal Place of Business  
18110 SW 139TH PATH  
MIAMI FL 33177

Mailing Address  
18110 SW 139TH PATH  
MIAMI FL 33177

**55031380**



2. Principal Place of Business  
**25032 SW 122ND COURT**

3. Mailing Address  
**25032 SW 122ND COURT**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HOMESTEAD, FLORIDA**

City & State  
**HOMESTEAD, FLORIDA**

Zip  
**33032**

Country  
**USA**

4. FEL Number  
**80-0020841**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NARANJO, MIGUEL**  
**18110 SW 139TH PATH**  
**MIAMI FL 33177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Miguel Naranjo [Signature] 01-07-03

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CANCIO-NARANJO, ALINA</b>	
STREET ADDRESS	<b>5011 SW 102ND CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>NARANJO, MIGUEL</b>	
STREET ADDRESS	<b>5011 SW 102ND CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 01-07-2003 305 257 5926

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)