2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000071763 02-20-2004 90002 018 ***150.00 NARÁNJO CORPORATION Principal Place of Business AZAAAAAA Mailing Address 18765 N.W. 89TH COURT 18765 N.W. 89TH COURT HIALEAH, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business 11401 PINES BLVD. 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 01182004 Chg-P STE # 484 City & State City & State 4. FEI Number Applied For PEMBROKE PINES, 02-0622606 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33026 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCHAN, BLANCHAN F Street Address (P.O. Box Number is Not Acceptable) 18765 N.W. 89TH COURT HIALEAH, FL 33018 Zip Code FL 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. | 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MERCHAN, BLANA F NAME NAME 18765 N.W. 89TH COURT STREET ADDRESS STREET ADDRESS HIALEAH, FL 33018 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change . Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received changed, or on an attachment e_empowered.

FILED Feb 20, 2004 8:00 am

Daytime Phone #