


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000024370</b> 1. Entity Name <b>NARANJA COMMERCIAL PROPERTY, INC.</b>	
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Principal Place of Business <b>7400 S.W. 50TH TERRACE SUITE 207 MIAMI, FL 33155</b>	Mailing Address <b>7400 S.W. 50TH TERRACE SUITE 207 MIAMI, FL 33155</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02132008	Chg-P	CR2E034 (12/06)
4. FEI Number <b>34-1983462</b>	Applied For <input type="checkbox"/> Not Applicable	

City & State	City & State
Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>GASTESI, RAUL JR 8105 NW 155TH STREET MIAMI LAKES, FL 33016</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>PD GARCIA, ORLANDO JR. 7400 S.W. 50TH TERRACE, SUITE 207 MIAMI, FL 33155</b> </td> <td style="width: 20%; text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete                             </td> </tr> </table>	<b>PD GARCIA, ORLANDO JR. 7400 S.W. 50TH TERRACE, SUITE 207 MIAMI, FL 33155</b>	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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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.

<b>SIGNATURE:</b> 	<b>S. ARTIGUES, V.P.</b>	Date: <b>2/14/08</b>	Daytime Phone #: <b>305-666-6556</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #