


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000024370 1. Entity Name NARANJA COMMERCIAL PROPERTY, INC.	
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Principal Place of Business 7400 S.W. 50TH TERRACE SUITE 207 MIAMI, FL 33155	Mailing Address 7400 S.W. 50TH TERRACE SUITE 207 MIAMI, FL 33155
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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 34-1983462	Applied For <input type="checkbox"/> Not Applicable	

City & State	City & State
Zip	Country

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

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 _____ (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"/>	\$5.00 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%;"> PD GARCIA, ORLANDO JR. 7400 S.W. 50TH TERRACE, SUITE 207 MIAMI, FL 33155 </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	PD GARCIA, ORLANDO JR. 7400 S.W. 50TH TERRACE, SUITE 207 MIAMI, FL 33155	<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.

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