

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90062 049 ***150.00

DOCUMENT # P05000085721 1. Entity Name NARANJA INVESTMENTS, CORP.		
Principal Place of Business 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box # 1395 BRICKELL AVENUE.	3. Mailing Address 1395 BRICKELL AVENUE	
Suite, Apt. #, etc. 826	Suite, Apt. #, etc. 826	
City & State Miami FLORIDA	City & State Miami FLORIDA	
Zip 33131	Country USA	4. FEI Number 20-3003254
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZMAN & GUZMAN, P.A. 9130 S. DADELAND BOULEVARD SUITE 1504 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND BLVD. STE 1600 City Miami FL Zip Code 33156
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CUNARRO, GUILLERMO P <input type="checkbox"/> Delete 701 BRICKELL AVENUE #1460 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Guillermo P. Cunarro President 02.27.07 305-129.6216		Date _____ Daytime Phone # _____