2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 1460 SUITE 1460** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 1394 Seicker Alexos. Mailing Address 395 BRICKELL AVENIUG Suite, Apt. #, etc. Suite, Apt. #, etc 02202007 Chg-P CR2E034 (12/06) 816 826 City & State City & State 4. FEI Number Applied For nigni Zip FLO AiM niani 20-3003254 Not Applicable Ćountry Zip \$8.75 Additional 5. Certificate of Status Desired 33131 33131 U51 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUZMAN & GUZMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND BOULEVARD **SUITE 1504** MIAMI, FL 33156 City 71401 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Delete TITLE ☐ Change ☐ Addition CUNARRO, GUILLERMO P NAME NAME STREET ADDRESS 701 BRICKELL AVENUE #1460 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE Delete ☐ Change Addition 1111.5 NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP TOLE ☐ Delete ☐ Change Addition HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TITLE ☐ Delete TIFLE ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-ST-ZIP 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 it 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 attachme e empoyered P.C. indro Preside +02.220

FILED

Daytime Phone #

Date