


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90102 020 \*\*\*150.00

<b>DOCUMENT # P05000143119</b>	
1. Entity Name <b>BERAJA INVESTMENTS II, INC.</b>	

Principal Place of Business <b>2550 DOUGLAS RD FIRST FLOOR CORAL GABLES, FL 33134-6126</b>	Mailing Address <b>2550 DOUGLAS RD FIRST FLOOR CORAL GABLES, FL 33134-6126</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 301</b>	Suite, Apt. #, etc. <b>Suite 301</b>
City & State	City & State
Zip	Country

**00062007**

01242007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3751559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>LEVIN, STANTON G ESQ % STANTON G. LEVIN, P.A. 1570 MADRUGA AVE - STE 311 CORAL GABLES, FL 33146</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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERAJA, ISIDORO 2550 DOUGLAS RD - FIRST FLOOR CORAL GABLES, FL 331346126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERAJA, MATILDE 2550 DOUGLAS RD - FIRST FLOOR CORAL GABLES, FL 331346126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERAJA, ROBERTO 2550 DOUGLAS RD - FIRST FLOOR CORAL GABLES, FL 331346126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERAJA, VICTOR 2550 DOUGLAS RD - FIRST FLOOR CORAL GABLES, FL 331346126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERAJA, ESTHER B 2550 DOUGLAS RD - FIRST FLOOR CORAL GABLES, FL 331346126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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:** Isidoro Beraja 3/09/07 305-357-1706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #