, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000015783

1. Entity Name

NARÁNJA ACQUISITION CORP.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

168 HIALEAH DR. HIALEAH, FL 33010 Mailing Address 168 HIALEAH DR. HIALEAH, FL 33010



DO NOT WRITE IN THIS SPACE

04032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

65-0486704

-M-06

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

SWEZY, LEWIS V 5709 NW 158TH ST BLDG. 46 MAIM LAKES EL 330

changed, or on an attachment with an address

DO NOT WRITE IN THIS SPACE

MAIMI LAKES, FL 33014			0. 7.02		
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					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar Trust Fund Contribution,			cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEZY, LEWIS V 5709 NW 158TH ST MIAMI LAKES, FL 33014				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000533909 05/09/06-80120-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-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 if made under eath; that I am an officer or director of the corporation or the receiver or trustee empagaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					

with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR