2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000030826

1. Entity Name

NARÁNJA LAKES, INC.



Principal Place of Business

2665 S. BAYSHORE DR SUITE #302 MIAMI, FL 33133

Mailing Address

2665 S. BAYSHORE DR **SUITE #302**

MIAMI, FL 33133

FILED Feb 19, 2008 8:00 am Secretary of State

02-19-2008 90018 013 ***150.00



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O NOT	WRITE	IN THIS	SPACE	

01072008	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		
65-0574	1061		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

MURAI, WALD BIONDO & MORENO, P.A. 2 ALHAMBRA PLAZA PH1B CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	.•			,	•	•
8. The above the obligation	named entity submits this statement for the pons of registered agent.	urpose of changing its register	ed office or registered a	agent, or both, in the Stat	e of Florida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	ed Agent signature required when	n reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	~ <u> </u>	May Be o Fees		
10.	OFFICERS AND DIREC	CTORS	;	,		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, ALEJANDRO 2665 S. BAYSHORE DR, SUITE #300 COCONUT GROVE, FL 33133		to the control of the			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	ــــــــــــــــــــــــــــــــــــــ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					:	
12. I hereby	certify that the information supplied with this f on this report or supplemental report is true	iling does not qualify for the ex and accurate and that my signs	kemptions contained in ature shall have the sam	Chapter 119, Florida Sta ne legal effect as if made	itutes. I further certify that if under oath; that I am an off	ne information icer 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 ap

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR