## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000075052

1. Entity Name

BERAJA HEALTHCARE CORPORATION

Principal Place of Business

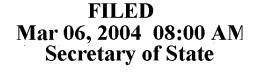
2550 DOUGLAS ROAD

SUITE 301 CORAL GABLES, FL 33134 Mailing Address

2550 DOUGLAS ROAD

SUITE 301

CORAL GABLES, FL 33134





DO	NOT	WRITE	IN	THIS	SPACE
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0618199 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BERAJA, MATILDE 2295 S MIAMI AVENUE MIAMI, FL 33129

## DO NOT WRITE IN THIS SPACE

				IN THIS SPACE					
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 site K applicable (NOTE Registered Agent signature required when reinstating)									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Fin     Trust Fund Contribution		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BERAJA, ROBERTO 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134 VD			ora objective i Market	03/08/04-80042-017 150.00				
NAME STREET ADDRESS CITY-ST-ZIP	BERAJA, VICTOR 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134				ر المعلق المستخطر المستخدر ال				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD BERAJA, MATILDE 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERAJA, ESTHER 2550 DOUGLAS RD. #301 CORAL GABLES, FL 33134			IN <sup>-</sup>	THIS SPACE				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

BERAJA, ISIDORO

2550 DOUGLAS RD. #301

CORAL GABLES, FL 33134

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-04

305-357-1705

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