2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

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

01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0618199
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERAJA, MATILDE
2295 S MIAMI AVENUE
MIAMI, FL 33129

DO NOT WRITE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERAJA, ROBERTO
STREET ADDRESS	2550 DOUGLAS RD. #301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	BERAJA, VICTOR
STREET ADDRESS	2550 DOUGLAS RD. #301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	BERAJA, MATILDE
STREET ADDRESS	2550 DOUGLAS RD. #301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD
NAME	BERAJA, ESTHER
STREET ADDRESS	2550 DOUGLAS RD. #301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	BERAJA, ISIDORO
STREET ADDRESS	2550 DOUGLAS RD. #301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80069-018 150.00

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12. I hereby certify that the information supplied with this filing 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: _____ 01/24/05 (305) 357-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #