


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 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
---	---



01182007 No Chg-P CR2E034 (11/05)

**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 Matilde Beraja (NOTE: Registered Agent signature required when reinstating) DATE 01-29-07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

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

00000008770  
02/01/07-80024-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Matilde Beraja 01-29-07 (305) 387-1709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #