

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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



01092008 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

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, 2008 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

U000000808301
02/07/08-80043-010 150.00

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-08 305-357-1709

Date

Daytime Phone #