FILED Mar 27, 2008 08:00 Al Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL R	REPORT					
	MENT # P9500003798						
1. Entity Name GETRA - GENERAL TRADING COMPANY		NY · ·					
Principal Plac 25 SE 2 AVE #410 MIAMI, FL 3		Aailing Address 25 SE 2 AVE #410 MIAMI, FL 33131		 	 		11/2 11/20/11 102/
DO NOT WRITE IN THIS SPA			CE	03182008 4. FEI Number 65-06032 5. Certificate of		CR2E034 (11	/05) Applied For Not Applicable Additional
	6. Name and Address of Current Reg		· · · · · · · · · · · · · · · · · · ·	1	to the second	1 ," ,"	
VEGA, JOSE M 25 SE 2 AVE #410 MIAMI, FL 33131					NOT WE		
					r ,		
the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registured agent and till.		ad Agent signature requised	when reinstating)	in the State of Flori	DATE	with, and accept
FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution.				.00 May Be ed to Fees	·		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI DP SOUZA, LEONARDO D. S 25 S.E. 2 AVE 410 MIAMI, FL 33131						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTONIO, JORGE E 25 S.E. 2 AVE #410 MIAMI, FL 33131	04/10/08-80016-013 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS			14 · · · · · · · · · · · · · · · · · · ·		pt share the start		

12. Thereby certify that the information supplied with this filling 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 trastee 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 applicable, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcu 20, 2008

351/538.805

Daytime Prone