


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000016116 1. Entity Name PRATAVIERA TRADE CORP.	
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Principal Place of Business 245 SE 1ST STREET SUITE 429 MIAMI, FL 33131	Mailing Address 245 SE 1ST STREET SUITE 429 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



05162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1080295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRATAVIERA, MARIE PAULA 245 SE 1ST STREET STE 429 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATAVIERA, FLAVIO 245 SE 1ST STREET STE 429 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PRATAVIERA, MARIA PAULA 245 SE 1ST STREET STE 429 MIAMI, FL 33131
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06/04/08-80055-024 150.00

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:  _____ Date: 05.19.08 Daytime Phone #: 305-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR