

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 045 \*\*\*150.00

**DOCUMENT # P95000026028**

1. Entity Name  
**DELTA TRADING, INC.**



Principal Place of Business - **SAME** - Mailing Address

**1941 NE 147TH STREET**  
**NORTH MIAMI, FL 33181 US**

**1941 NE 147TH STREET**  
**NORTH MIAMI, FL 33181 US**

**19216 NE 25th Ave # 293 - Miami - FL - 33180**

40124500



**DO NOT WRITE IN THIS SPACE**

06262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0572260**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRADO-ACOSTA, ARENA**  
**7955 NW 12TH ST. #400**  
**MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity admits 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

**06-15-2007**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD**  
**GONZALEZ, FERNANDO**  
**RUA COLEGIO FLORENCE, 59 BX 172**  
**JUNDIAI-S, BR 13209700 BRAZIL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**GOMES, MAURICIO**  
**1941 NE 147TH STREET**  
**NORTH MIAMI, FL 33181**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**06-15-2007**

**305-883-9797**