

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90116 038 ***150.00

DOCUMENT # P95000076276

1. Entity Name
TRAVERTINO TRADING COMPANY



Principal Place of Business

1515 NW 167TH ST
226, BLDG 5
MIAMI, FL 33169 US

Mailing Address

1515 NW 167TH ST
226, BLDG 5
MIAMI, FL 33169 US

44047113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0828570

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABATE, MARK J.
800 S.E. 3RD AVE
STE 300
FT LAUDERDALE, FL 33316

Name **LABATE, MARK J.**

Street Address (P.O. Box Number is Not Acceptable)

100 E. SAMPLE ROAD.

SUITE 320

City

POMPANO BEACH,

FL

Zip Code
33064

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
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **LOSACCO, SILVIO V**
STREET ADDRESS **1515 NW 167TH ST, STE 226, BLDG 5**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TVPD** ☐ Delete
NAME **CAPPELLI, ATTILIO**
STREET ADDRESS **1515 N.W. 167TH ST, STE 226, BLDG 5**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **LABATE, MARK J**
STREET ADDRESS **800 S.E. 3RD AVE, STE 300**
CITY-ST-ZIP **FT LAUDERDALE, FL 33316**

TITLE **AS** ☒ Change ☐ Addition
NAME **LABATE, MARK J.**
STREET ADDRESS **100 E. SAMPLE ROAD, SUITE 320**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Augusto Capelli x **AUGUSTO CAPPELLI** 07-02-04 x(305)626-0101