


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000076276</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0828570	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  LABATE, MARK J 100 E SAMPLE RD STE 320 POMPANO BEACH, FL 33064
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOSACCO, SILVIO V 1515 NW 167TH ST, STE 226, BLDG 5 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD CAPPELLI, ATTILIO 1515 N.W. 167TH ST, STE 226, BLDG 5 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LABATE, MARK J 100 E SAMPLE RD STED 320 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/05-80040-008 150.00

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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.

<b>SIGNATURE:</b>  A. CAPPELLI	Date 01.12.05	(305) 626-0101
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		