

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90393 025 \*\*\*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

**60023652**



2. Principal Place of Business  
1515 NW 167TH ST

3. Mailing Address  
1515 NW 167TH ST

Suite, Apt. #, etc.  
STE 460, BLDG 7

Suite, Apt. #, etc.  
STE 460, BLDG 7

03292006 Chg-P CR2E034 (11/05)

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-0828570

Applied For  
Not Applicable

Zip  
33169

Country

Zip  
33169

Country

5. Certificate of Status Desired ☐ \$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

**7. Name and Address of New Registered Agent**

Name  
LABATE, MARK J  
Street Address (P.O. Box Number is Not Acceptable)  
17 SE 24TH AVE  
City  
POMPANO BEACH FL Zip Code  
33062

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
LABATE, MARK J ☐ Delete  
100 E SAMPLE RD STED 320  
POMPANO BEACH, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1515 NW 167TH ST, STE 460 BLDG 7  
MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1515 NW 167TH ST, STE 460 BLDG 7  
MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
17 SE 24TH AVE  
POMPANO BEACH, FL 33062

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

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

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

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

03-31-06 X 786-5865540  
Date Daytime Phone #