

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000076276 1. Entity Name TRAVERTINO TRADING COMPANY |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 1515 NW 167TH ST STE 460 BLDG 7 MIAMI, FL 33169 US | Mailing Address 1515 NW 167TH ST STE 460 BLDG 7 MIAMI, FL 33169 US |
|---|---|

DO NOT WRITE IN THIS SPACE



03202007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 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 17 SE 24TH AVE POMPANO BEACH, FL 33062 |
|--|

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LOSACCO, SILVIO V 1515 NW 167TH ST STE 460 BLDG 7 MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVPD CAPPELLI, ATTILIO 1515 NW 167TH ST STE 460 BLDG 7 MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS LABATE, MARK J 17 SE 24TH AVE POMPANO BEACH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000685122
04/06/07-80060-010 150.00

**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: Silvio Losacco X SILVIO LOSACCO 03-28-07 X (785) 586-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #