

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90022 043 \*\*\*150.00

**DOCUMENT # P98000013445**

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



Principal Place of Business  
**3517 NW 82 AVE  
MIAMI, FL 33122**

Mailing Address  
**3517 NW 82 AVE  
MIAMI, FL 33122**

2. Principal Place of Business - No P.O. Box #

**7955 NW 12 St  
Suite 400**

3. Mailing Address

**7955 NW 12 St  
Suite 400**

04302007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0827171**  
Applied For  
Not Applicable

Zip  
**33126** Country  
**USA**

Zip  
**33126** Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARIELLO, ROBERTO  
3517 NW 82 AVE  
MIAMI, FL 33122**

7. Name and Address of New Registered Agent

Name **Wagner S. Mouea**  
Street Address (P.O. Box Number is Not Acceptable)  
**7955 NW 12 Street Suite 400**  
City **MIAMI** FL Zip Code **33126**

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 *Wagner S. Mouea*  
Signature, typed or printed name of registered agent and title if applicable.

**4/30/07**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>CARIELLO, ROBERTO</b>	
STREET ADDRESS	<b>3517 NW 82ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOREEN MARIE HESRON</b>	
STREET ADDRESS	<b>7955 NW 12 Street Ste 400</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAGNER S. MOUEA</b>	
STREET ADDRESS	<b>7955 NW 12 Street Ste 400</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Wagner S. Mouea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/07**  
Date

Daytime Phone #