

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000033687

1. Entity Name
BERAKA GLOBAL TRADING CORPORATION



Principal Place of Business
C/O NICOLAS FERNANDEZ, P.A.
780 NW LE JEUNE ROAD SUITE 324
MIAMI, FL 33126

Mailing Address
C/O NICOLAS FERNANDEZ, P.A.
780 NW LE JEUNE ROAD SUITE 324
MIAMI, FL 33126

FILED
Mar 23, 2006 08:00 AM
Secretary of State



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0922470

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 NW LE JEUNE ROAD SUITE 3248
MIAMI, FL 33126

**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

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	PD TOWNSON, GERARDO 9455 COLLINS AVENUE, #1001 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOWNSON, GERARDO 9455 COLLINS AVENUE, #1001 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOWNSON, HAROLD 9455 COLLINS AVENUE, # 1001 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000478177
04/07/06-80018-016 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/06