

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90047 022 \*\*\*150.00

**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**

**40052555**



2. Principal Place of Business - No P.O. Box #  
**10 N.W. LE JEUNE ROAD**

3. Mailing Address  
**10 N.W. LE JEUNE ROAD**

Suite, Apt. #, etc  
**SUITE 500**

Suite, Apt. #, etc  
**SUITE 500**

01292007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0922470**

Applied For  
Not Applicable

Zip  
**33126**

Country

Zip  
**33126**

Country

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**

## 7. Name and Address of New Registered Agent

Name  
**ESQUIRE CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**10 N.W. LE JEUNE ROAD STE 500**

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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
TOWNSON, GERARDO  
9455 COLLINS AVENUE, #1001  
SURFSIDE, FL 33154** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TOWNSON, GERARDO  
9455 COLLINS AVENUE, #1001  
SURFSIDE, FL 33154** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
TOWNSON, HAROLD  
9455 COLLINS AVENUE, # 1001  
SURFSIDE, FL 33154** ☐ Delete

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

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

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

**3/29/07**

Date

**786-253-0201**

Daytime Phone #