


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000033687	
1. Entity Name BERAKA GLOBAL TRADING CORPORATION	

Principal Place of Business 10 NW LE JEUNE ROAD SUITE 500 MIAMI, FL 33126	Mailing Address 10 NW LE JEUNE ROAD SUITE 500 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0922470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 10 NW LE JEUNE ROAD SUITE 500 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000306405 05/02/08-80021-004 150.00
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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	

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:  **4-15-08** **305 8673815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #