


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F00000001840	
1. Entity Name KT TRADING USA, INC.	

Principal Place of Business 10305 SABAL PALM AVE CORAL GABLES, FL 33156	Mailing Address 10305 SABAL PALM AVE CORAL GABLES, FL 33156
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2. Principal Place of Business 10305 Sable Palm Avenue Suite, Apt. #, etc.	3. Mailing Address 10305 Sable Palm Ave. Suite, Apt. #, etc.
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City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33156	Country U.S.A

FILED
04 DEC -6 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



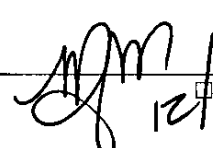
11022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BROEKER, DOUGLAS C 777 BRICKELL AVENUE SUITE 600 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JONATHAN S.R. 10305 N.W. SABLE PALM AVENUE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jonathan S.R. Brown 10305 Sable Palm Avenue Coral Gable, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./SEC. Joanna MacKnight 10305 Sable Palm Avenue Coral Gables, FL. 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043673738 12/28/04--01035--019 **26.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/02/04 01011 004 -#70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 12/7 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  11-29-2004 305-669-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #