


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000629

1. Entity Name
KAG MANAGEMENT & TRADE, L.C.



Principal Place of Business Mailing Address

513 U.S. HIGHWAY ONE, SUITE 209 513 U.S. HIGHWAY ONE, SUITE 209
 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



03082005No Chg-LLC CR2E083 (10/03)

4. FEI Number **59-3472108** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NEWTORK, INC.
 11380 PROSPERITY FARMS ROAD, SUITE 221-E
 PALM BEACH GARDENS, FL 33410

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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 Rebecca Anderson, Rebecca L. Anderson, Asst. Secretary 3/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KADJI, GILBERT 725 N. ALTERNATE A1A, SUITE E-205 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KADJI, ANNIE 725 N. ALTERNATE A1A, SUITE E-205 JUPITER, FL 33477
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rebecca Anderson, Asst. Secretary 3/14/05 (561) 694-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #