


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90146 029 \*\*\*550.00

<b>DOCUMENT # P02000101875</b>	
1. Entity Name <b>KROSS TRADES, INC.</b>	

Principal Place of Business <b>335 N.E. 35TH TERRACE MIAMI FL 33137 US</b>	Mailing Address <b>335 N.E. 35TH TERRACE MIAMI FL 33137 US</b>
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**50063851**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>288 LAUREL WAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>288 LAUREL WAY</b> Suite, Apt. #, etc.
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City & State <b>MIAMI SPRINGS, FL</b>	City & State <b>MIAMI SPRINGS, FL</b>	4. FEI Number <b>48-1277983</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33166</b>	Country	Zip <b>33166</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WARDENSKI, MARTHA K 335 N.E. 35TH TERRACE MIAMI FL 33137</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>288 LAUREL WAY</b> City <b>MIAMI SPRINGS</b> FL Zip Code <b>33166</b>	
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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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>WARDENSKI, MARTHA K</b>	
STREET ADDRESS <b>335 N.E. 35TH TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33137</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>BURSHIEM, KARI A</b>	
STREET ADDRESS <b>6885 S.W. 92 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>288 LAUREL WAY</b>	
CITY-ST-ZIP <b>MIAMI SPRINGS, FL 33166</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>288 LAUREL WAY</b>	
CITY-ST-ZIP <b>MIAMI SPRINGS, FL 33166</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Martha K. Wardenksi* **MARTHA K. WARDENSKI** 7/3/05 **786.299.3151**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #