

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

04-23-2004 90191 022 ***158.75

DOCUMENT # P03000103381 1. Entity Name KITTY TRADING CORPORATION			
Principal Place of Business 2057 SW 159 TERRACE MIRAMAR, FL 33027 US		Mailing Address 2057 SW 159 TERRACE MIRAMAR, FL 33027 US	
2. Principal Place of Business 2057 SW 159 Terrace Suite, Apt. #, etc.		3. Mailing Address 2057 SW 159 Terrace Suite, Apt. #, etc.	
City & State Miramar FL		City & State Miramar FL	
Zip 33027		Zip 33027	
Country USA		Country USA	
4. FEI Number 76-0742994		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLANUEVA, GRETTA A 2057 SW 159 TERRACE MIRAMAR, FL 33027 EIN 76-0742994		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Gretta Villanueva</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04/04/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLANUEVA, GRETTA 2057 SW 159 TERRACE MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 an other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/4/04</u> (305) 467-4154 <small>Date Daytime Phone #</small>	

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