2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P05000037957

1. Entity Name

ACROSS TRADING GROUP INC.



FILED Mar 02, 2007 08:00 A Secretary of State

Principal Place of Business

12049 S.W. 131ST AVENUE MIAMI, FL 33186 Mailing Address

12049 S.W. 131ST AVENUE MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For		
20-2489413	Not Applicable		
5. Certificate of Status Desired	 \$8.75 Additional		

6. Name and Address of Current Registered Agent

FIGUEROA, JOSE J 12049 S.W. 131ST AVENUE MIAMI, FL 33186 DO NOT WRITE IN THIS SPACE

MIAMI, FŁ	33186			IN.	THIS'S	PACE	
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State o	f Florida. I am fa	miliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	if applicable. (NOTE: Registered	l Agent signature	required when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	03/13/0	00653813 7-80036-0	017 150.00
10.	OFFICERS AND DIREC	CTORS		ر د ا د ا د ا داد د			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT.	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							ht Garas

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: V

NAME STREET ADDRESS CITY-ST-ZIP

AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/07

305-151-6226

Daytime Phone #