


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90169 033 ***150.00

DOCUMENT # F0400000222

1. Entity Name
K-1 USA VENTURES, INC.



Principal Place of Business
**2601 SOUTH BAYSHORE DRIVE, STE. 1775
 COCONUT GROVE, FL 33133**

Mailing Address
**2601 SOUTH BAYSHORE DRIVE, STE. 1775
 COCONUT GROVE, FL 33133**

14003510



2. Principal Place of Business
2601 S. Bayshore Drive
 Suite, Apt. #, etc.
Suite 800

3. Mailing Address
2601 S. Bayshore Drive
 Suite, Apt. #, etc.
Suite 800

04082005 Chg-P CR2E034 (10/03)

City & State
Coconut Grove FL

City & State
Coconut Grove FL

Zip
33133

Country

4. FEI Number
58-2660613

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, SHERRY A
2601 SOUTH BAYSHORE DRIVE, STE. 1775
COCONUT GROVE, FL 33133

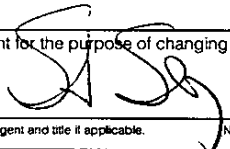
7. Name and Address of New Registered Agent

Name
Stanley, Sherry A.

Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive Suite 800

City
Coconut Grove **FL** Zip Code
33133

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  **Sherry A. Stanley** DATE **4/25/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GREEN, STEVEN J 2601 SOUTH BAYSHORE DRIVE, STE. 1775 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SAFCHIK, JEFFREY 2601 SOUTH BAYSHORE DRIVE, STE. 1775 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, SHERRY A 2601 SOUTH BAYSHORE DRIVE, STE. 1775 COCONUT GROVE, FL 33133	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Green, Steven J. 2601 S. Bayshore Drive suite 800 Coconut Grove FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO Safchik, Jeffrey 2601 S. Bayshore Drive Ste. 800 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stanley, Sherry A 2601 S Bayshore Drive, Ste 800 Coconut Grove FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:  **Jeffrey A. Safchik** DATE **4/25/2005** DAYTIME PHONE # **305-858-4225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR