

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90190 042 ***150.00

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1. Entity Name

TREND UPHOLSTERY, INC.



Principal Place of Business

367 S.W. 13TH AVE
 POMPAÑO BEACH FL 33069
 US

Mailing Address

367 S.W. 13TH AVE
 POMPAÑO BEACH FL 33069
 US

50048609



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

367 S.W. 13TH AVE
 Suite, Apt. #, etc.

3. Mailing Address

SAME.
 Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

02-0609422

Applied For

Not Applicable

Zip

Country

Zip

Country

33069

Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASPER, NORMAN
 367 SW 13TH AVE
 POMPAÑO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

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

Norman Casper

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Brent Casper 4-25-05

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 PD Delete
 NAME CASPER, NORMAN
 STREET ADDRESS 367 SW 13TH AVE
 CITY-ST-ZIP POMPAÑO BEACH FL 33069

TITLE VP Delete
 NAME CASPER, BRENT
 STREET ADDRESS 367 SW 13 AVE
 CITY-ST-ZIP POMPAÑO BEACH FL 33069

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

Norman Casper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 954-791-5876

Date

Daytime Phone #