## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90185 046 \*\*\*150.00

DOCUMENT # P0600007047 1. Entity Name FASHION TRENDS INTERNATIONAL CORP. 40082279 Principal Place of Business Mailing Address 5372 SW 134 AVE 5372 SW 134 AVE MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 02272007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4/37873 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, MARLENE Street Address (i<sup>2</sup> O. Box Number is Not Acceptable) 5372 SW 134 AVE MIRAMAR, FL 33027 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP ☐ Change Addition TITLE ☐ Delete TITLE FERNANDEZ, MARLENE NAME NAME 5372 SW 134 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP Change TITLE ☐ Delete THLE ☐ Addition NAME BUENO, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 5372 SW 134 AVE CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP TITLE Change THLE ☐ Delete Addition GONZALEZ, ERNESTO NAME NAME STREET ADDRESS 5372 SW 134 AVE STREET ADDRESS CITY ST-ZIP MIRAMAR, FL 33027 CHTY - ST - ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP