2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003043

LANGE, CHRISTOPH

FORT LAUDERDALE, FL 33312

2800 SW 42 ST

Name:

Address:

City-St-Zip:

it. Name: TREND DISTRIBUTORS IN

FILED Mar 26, 2004 Secretary of State

Entity Name: TREND DISTRIBUTORS INC. **Current Principal Place of Business: New Principal Place of Business:** 2800 SW 42 ST FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** 2800 SW 42 ST FORT LAUDERDALE, FL 33312 FEI Number: 65-0835771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WURTH, REINHOLD Name: Name: REINHOLD WURTH STR. 12-16, 74653 KUNZELSAU Address: Address: City-St-Zip: GAISBACH, GERMANY, City-St-Zip: Title: Title: () Delete () Change () Addition Name: JAEGER, WALTER DR. Name: REINHOLD WURTH STR. 12-16, 74653 KUNZELSAU Address: Address: City-St-Zip: GAISBACH, GERMANY, City-St-Zip: Title: Title: () Delete () Change () Addition REYENGA, CRAIG Name: Name: 2800 SW 42 ST Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CRAIG REYENGA P 03/26/2004