

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90321 016 ***150.00

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04042006 Chg-P CR2E034 (11/05)

DOCUMENT # F98000003043 1. Entity Name TREND DISTRIBUTORS INC.					
Principal Place of Business 2800 SW 42 ST FORT LAUDERDALE, FL 33312			Mailing Address 2800 SW 42 ST FORT LAUDERDALE, FL 33312		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0835771 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAEGER, WALTER DR.		NAME		
STREET ADDRESS	93 GRANT STREET		STREET ADDRESS		
CITY-ST-ZIP	RAMSAY, NJ 07446		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGE, CHRISTOPH		NAME		
STREET ADDRESS	2800 SW 42 ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Roger Debnam		NAME		
STREET ADDRESS	4250 Golf Acre Drive		STREET ADDRESS		
CITY-ST-ZIP	Charlotte, N.C. 28208		CITY-ST-ZIP		
TITLE	Director <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Robert Stolz		NAME		
STREET ADDRESS	4250 Golf Acre Drive		STREET ADDRESS		
CITY-ST-ZIP	Charlotte, N.C. 28208		CITY-ST-ZIP		
TITLE	General Manager <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kee Miller		NAME		
STREET ADDRESS	2800 Sw 42 St		STREET ADDRESS		
CITY-ST-ZIP	Ft Lauderdale, FL 33312		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Kee Miller</i></u> <div style="float: right; text-align: right;"> 04/04/06 <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					