2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003043

Name:

Address: City-St-Zip: CLARK, BRYAN

2800 SW 42ND ST

FORT LAUDERDALE, FL 33312

FILED Apr 29, 2009 Secretary of State

Entity Nar	ne: TREND	DISTRIBUTORS INC				•	
Current Principal Place of Business:				New Principal Place of Business:			
2800 SW 4 FORT LAU	I2 ST IDERDALE, F	L 33312					
Current Mailing Address:				New Mailing Address:			
2800 SW 4 FORT LAU	I2 ST IDERDALE, F	L 33312					
FEI Number:	El Number: 65-0835771 FEI Number Applied For ()		For() F	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS TALLAHAS	S STREET SSEE, FL 323		nt for the num	aco of abanging it	c registe	ared office or registered agent or both	
	named entity of Florida.	supmits this stateme	nt for the purp	ose or changing it	s registe	ered office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent						Date	
Election Car	npaign Financir	g Trust Fund Contribut	ion ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LANGE, CHRIS 2800 SW 42 S			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (STOLZ, ROBE 4250 GOLF AG CHARLOTTE,	CRE DR		Title: Name: Address: City-St-Zip:		(X) Change () Addition ROBERT DLF ACRE DR DTTE, NC 28208	
Title:	PCEO () Delete		Title:	AS	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:

LEVINE, MARILYNN

2800 SW 42ND ST

FORT LAUDERDALE, FL 33312

SIGNATURE: MARILYNN LEVINE AS 04/29/2009