0358169 AV

May 19, 2003 8:00 am Secretary of State

05-19-2003 90218 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000084929

1. Entity Name

TRENDLINE COMMODITIES, INC.

Principal Place of Business 150 SOUTH PINE ISLAND ROAD SUITE 200 PLANTATION FL 33324			Mailing Address 150 SOUTH PINE ISLAND ROAD SUITE 200 PLANTATION FL 33324					
2. Principal Place of Business			3. Mailing Address			C FORFICERS LIFT BOOKS RELIEF DRIVE BOOKS BOOKS CONTROL TO	itte delata tatek itaea tale ebat	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. 1	NOT APPLICABLE	Applied For Not Applicable	
Zip Country			Country		5. (8.75 Additional ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
	2-2-3		•	Name				
FEDER, GARY A 11575 HERON BAY BLVD 309				Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33076								
•				City		FL Zip Code		
	named entity sub ons of registered		urpose of changing its re	gistered office or	registered ag	ent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE -	Signature, typed or print	ed name of registered agent and title if	applicable. (NOTE: R	egistered Agent signatu	re required when re	pinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 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.				11.	AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	D Wayne, Thom 19506 East C Aventura Fl	OUNTRY CLUB DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
	D BORNSTEIN, S 3190 WILLOW WESTON FL 3	LANE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	

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.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZiP

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

☐ Delete

☐ Delete

5/1/03

954-424-8441

Daytime Phone #

☐ Change

☐ Change

☐ Change

☐ Change

CR2E034 (10/02

Addition

☐ Addition

☐ Addition

Addition