


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 040 ***150.00

DOCUMENT # P01000105215		
1. Entity Name NOUVELLE TREND INC.		

Principal Place of Business 8306 MILLS DR. 393 MIAMI, FL 33183	Mailing Address PO BOX 228332 MIAMI, FL 33122
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44046311



2. Principal Place of Business PO Box 228332 Suite, Apt. #, etc.	3. Mailing Address PO Box 228332 Suite, Apt. #, etc.
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06042004 Chg-P CR2E034 (10/03)

City & State Miami FL	City & State Miami FL
Zip 33122	Country
Zip 33122	Country

4. FEI Number 65-1151623	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARGUELLES, JOSE 8306 MILLS DRIVE, STE 393 MIAMI, FL 33183

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 [Signature] DATE 6/4/04
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ARGUELLES, JOSE 8306 MILLS DRIVE, #393 MIAMI, FL 33183 PO Box 228332 Miami FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 6/4/04 Daytime Phone #

Attachment

NOUVELLE TREND INC.
PO BOX 228332
MIAMI, FL 33122

#P01000105215
44046311

Friday, June 04, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P01000105215

We are filing to pay the annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00 covering the 2004 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



JOSE I ARGUELLES - PRESIDENT