

## ANNUAL REPORT

1. Entity Name  
**NOUVELLE TREND INC.**



**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90146 036 \*\*\*150.00

Principal Place of Business	Mailing Address
PO BOX 228332	PO BOX 228332
MIAMI, FL 33122	MIAMI, FL 33122

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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05302006      Chg-P      CR2E034 (11/05)

4. FEI Number	Applied For
65-1151623	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

BORGES, IDALMI  
8306 MILLS DRIVE, STE 393  
MIAMI, FL 33183

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$550.00**  
**Due by September 6, 2006**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BORGES, IDALMI PO BOX 228332 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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 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:**

SIGNATURE AND TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Det

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ATTACHMENT  
502205-61-  
**NOUVELLE TREND, INC**

PO BOX 228332 Miami, Fl. 33122

Ph:305-591-3455 Fax:305-591-8530

Miami, May 31, 2006

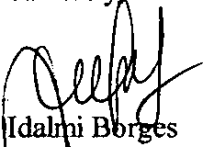
Ref.Document # P01000105215

To Whom It May Concern:

Attached please find check # 2160 replacing check # 2120 that was sent to you on April 24, 2006 and apparently has been lost in the mail and not received by your office. We have placed a stop payment on the previous check # 2120, if you receive it either destroy or send back to us.

Please accept our apologies for this inconvenience.

Sincerely,



Idalmi Borges  
For Nouvelle Trend, Inc.