## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 22, 2003 8:00 am Secretary of State

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2. Principal Place of Business 3. Mailing Address SAME								
Suite, Apt	TINCE	Suite, Apt. #, etc.	<u> </u>	. DO NOT WRITE IN THIS SPACE				
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City & State CORAL SPRINGS, FL City & State					4. FEI Number   Applied For   Not Applied be			
3300		untry DWAND— ——	Zip	Country PROWA	2f5	5Certificate_of_Status Desired: \$8.75 At Fee Regult	dditional	
		<u> </u>		7. Name and Address of Current Registered Agent				
Name REG						INA T. MACHADO		
DO NOT WRITE					ildress (F	s (P.O. Box Number is Not Acceptable) # 434		
IN THIS SPACE						O. NOBAILL RD 1- 1- 1		
					3322 3 4 H Tool El 23222			
YLANIA ILUN								
8. The above named gring supmits this selement of 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 agent.								
SIGNATURE #//W WWW PresiDENT 8/11/03								
·		ed name of registered agent an	a hija if applicable. (FICTE:	Registered Agent signal	de raquied	tishen reinstaweg) ————————————————————————————————————		
January 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00						9. Election Campaign Financing \$5.	<b>00</b> May Be	
Make Check	Amended UBR k Pavable to Flori	l is \$61.25 Ida Department of S	State			Trust Fund Contribution. LJ Adde	ed to Fees	
10.		OFFICERS AND D		1	·······			
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NAME STREET ADDRESS	REGIL	A T. MACI 10BHILL R	D#434	NAME STREET ADDRESS	. :			
CHY-ST-ZIP	PETANT	ATION FI	33322	CTTY-ST-ZIP			134	
TITLE	VICE PE	RESIDENT	<b>-</b>	TITLE			CR2E034B	
NAME	RHONDA	T. CATA		NAME			5	
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NAME	REGINA	TIMOH	ADO	NAME			* * ^	
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NAME	RHONDA	T. CAT	ALANO	NAME		IN THIS SPACE		
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City-St-ZiP				CHY-ST-ZIP				
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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 on an attachment with an address, but all other like emproveged.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/02

Daytime Phone #

## ACCOUNTING, CONSULTING & TAX SERVICES

David Moore, CPA

August 19, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

I recently did a search to verify that Cover Trends, Inc had filed their annual Uniform Business Report for 2003. I discovered that they had not filed the report as required. The principal place of business and the mailing address used on the initial Corporate filing was 5460 N State Rd 7, Ste 215 Ft Lauderdale, FL 33319. This was office space that Cover Trends, Inc was going to lease and the lease fell through at the last minute. The actual address is 12201 NW 35<sup>th</sup> Street Ste 534, Coral Springs, FL 33065.

Our clients never received the renewal form and since they had never had a corporation before did not know that they needed to file the annual report. Attached is the application for 2003 with the changes for the Registered Agent and the Officers and a check for \$150.00 renewal fee. Regina Machado is replacing her mother Margaret Turan as the Registered Agent and the correct mailing address is on the application.

I respectfully request that any penalties be waved for the current year with the understanding that Cover Trends, Inc understands that they must file on time in the future.

Sincerely,