## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # P02000078041  1. Entity Name MTRENDZ INC					Secretary of	f State
Principal Plac 201 BLANCA TAMPA, FL		2	ailing Address 201 BLÁNCA AVE AMPA, FL 33606			
C	O NOT W		N THIS SPA	ACE	04152005 No Chg-P CR2E034 (10/0 4, F6i Number 16-1619455	Applied For Not Applicable Additional
KUMAR, M 201 BLAN TAMPA, F	MUDRA K CA AVE L 33606				DO NOT WRITE IN THIS SPACE	
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 typod or printed name of registered agent and title if empirable  INOTE Registered Agent signature required when reinstalling)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Efection Campaign Financing \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUMAR, MUDRA K 201 BLANCA AVE TAMPA, FL 33606	ICERS AND DIREC	(10HS		U00000318067 04/20/05-80045-002	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSHI, MANU 201 BLANCA AVE TAMPA, FL 33606					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			DO NOT WRITE	· /2=
NAME STREET ADDRESS CITY-ST-ZIP		·			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
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 astrequired 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 12 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						