

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90498 010 ***150.00

DOCUMENT # P03000071190 1. Entity Name NEW TRENDS, INC.					
Principal Place of Business 400 GLENDRIE ROAD KEY BISCAINE, FL 33149			Mailing Address 400 GLENDRIE ROAD KEY BISCAINE, FL 33149		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HINES, JORGE G. 400 GLENDRIE ROAD KEY BISCAINE, FL 33149				Name HINE, JORGE G. Street Address (P.O. Box Number is Not Acceptable) 400 GLENDRIE ROAD City KEY BISCAINE, FLORIDA FL 33149	
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: 4/15/2004 Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HINES, JORGE G 400 GLENDRIE ROAD KEY BISCAINE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HINE, JORGE G. 400 GLENDRIE ROAD KEY BISCAINE, FLORIDA 33149	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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)(f), 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 amendments.					
SIGNATURE: 4/15/2004 (305) 365-5148 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					