


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90069 037 \*\*\*150.00

<b>DOCUMENT # P04000086549</b>					
1. Entity Name <b>TRENDY NOVELTY, INC.</b>					
Principal Place of Business <b>6851 W SUNRISE BLVD 170 PLANTATION FL 33313 US</b>			Mailing Address <b>6851 W SUNRISE BLVD 170 PLANTATION FL 33313 US</b>		
2. Principal Place of Business <b>777 N.W. 72 AVE Suite, Apt. #, etc. 1BB27 City &amp; State MIAMI Zip 33123</b>			3. Mailing Address <b>777 N.W. 72 AVE Suite, Apt. #, etc. 1BB27 City &amp; State MIAMI Zip 33123</b>		
Country <b>DADE COUNTY</b>			Country <b>DADE COUNTY</b>		
4. FEI Number <b>201196791</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			1st MOORE CR2E034 (10/04)		
6. Name and Address of Current Registered Agent <b>YAKOPOR, RONEN 6851 W SUNRISE BLVD 170 PLANTATION FL 33313</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <i>[Signature]</i> DATE <b>4/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKOPOR, RONEN		NAME		
STREET ADDRESS	6851 W SUNRISE BLVD STE 170		STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL 33313		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - 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 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: _____ <i>[Signature]</i>			Date <b>4/4/05</b> Daytime Phone # <b>7863803472</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					