

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000093053	
Entity Name THE RIGHT TREND CONSULTING GROUP, INC.	
Principal Place of Business 569 CARRINGTON DR. WESTON, FL 33326	Mailing Address 569 CARRINGTON DR. WESTON, FL 33326



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1289485	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KONDRATOWITCH, WALTER SR.
569 CARRINGTON DR
WESTON, FL 33326**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KONDRATOWITCH, WALTER SR. 569 CARRINGTON DR. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. KONDRATOWITCH, WALTER SR. 569 CARRINGTON DR. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. KONDRATOWITCH, WALTER SR. 569 CARRINGTON DR. WESTON, FL 33326
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04/10/08-20101-016-150.00

**DO NOT WRITE
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-14-2008

661-1318

Walter Kondratowitch

MARCH 14th 2008