

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2007 90072 032 ***150.00
P04000129012

FILED

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DEPT OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

DOCUMENT # P04000129012 1. Entity Name ATTILA TREND INTERNATIONAL CORPORATION ATTILA																																																																																																																													
Principal Place of Business 18205 BARUCH DRIVE FT MYERS FL 33967		Mailing Address 18205 BARUCH DRIVE FT MYERS FL 33967																																																																																																																											
2. Principal Place of Business - No P.O. Box # 18205 Baruch Dr. Suite, Apt. #, etc.		3. Mailing Address 18205 Baruch Dr. Suite, Apt. #, etc.																																																																																																																											
City & State Fort Myers FL Zip 33967		City & State Fort Myers FL Zip 33967		4. FEI Number 56-2498870 Applied For ☐ Not Applicable																																																																																																																									
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent BARKO, BELA 18205 BARUCH DR FORT MYERS FL 33912-6492			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>BELA BARKO</u> <i>Bela BARKO</i> 4-24-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-listing) DATE																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>BARKO, BELA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18205 BARUCH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS FL 33967</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>Delete ☐</td> </tr> <tr> <td>NAME</td> <td>NEHEZ, IMRE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KORORO UT 16</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PAPA, HUNGARY 8500</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>Delete ☐</td> </tr> <tr> <td>NAME</td> <td>BARKO, ATTILA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18205 BARUCH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS FL 33967</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CFOA</td> <td>Delete ☐</td> </tr> <tr> <td>NAME</td> <td>BARKO, BELA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18205 BARUCH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT. MYERS FL 33967</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete ☐	NAME	BARKO, BELA		STREET ADDRESS	18205 BARUCH DR		CITY - ST - ZIP	FORT MYERS FL 33967		TITLE	VPD	Delete ☐	NAME	NEHEZ, IMRE		STREET ADDRESS	KORORO UT 16		CITY - ST - ZIP	PAPA, HUNGARY 8500		TITLE	S	Delete ☐	NAME	BARKO, ATTILA		STREET ADDRESS	18205 BARUCH DR		CITY - ST - ZIP	FORT MYERS FL 33967		TITLE	CFOA	Delete ☐	NAME	BARKO, BELA		STREET ADDRESS	18205 BARUCH DR		CITY - ST - ZIP	FT. MYERS FL 33967		TITLE		Delete ☐	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Delete ☐	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Bela BARKO</i> BELA BARKO 4-24-07 239-337-1993 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																													