

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 10 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000058723 1. Entity Name UBER-TREND, INC.					
Principal Place of Business 9952 S.W. 8TH ST. 219 MIAMI, FL 33174 US			Mailing Address 9952 S.W. 8TH ST. 219 MIAMI, FL 33174 US		
2. Principal Place of Business 3600 SW 114 Ave Suite, Apt. #, etc. 106		3. Mailing Address 3600 SW 114 Ave Suite, Apt. #, etc. 106			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-2715775	
Zip 33165		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELIVONENKO, ANDRIY 9952 S.W. 8TH ST. 219 MIAMI, FL 33174			7. Name and Address of New Registered Agent Name: SELIVONENKO, ANDRIY Street Address (P.O. Box Number is Not Acceptable): 3600 SW 114 AVE # 106 City: MIAMI FL Zip Code: 33165		
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>ASelivonenko</u> DATE: <u>04/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 800075031728 05/22/06--01047--021 **150.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SELIVONENKO, ANDRIY STREET ADDRESS 9952 S.W. 8TH ST. #219 CITY-ST-ZIP MIAMI, FL 33174	<input type="checkbox"/> Delete		TITLE P NAME SELIVONENKO, ANDRIY STREET ADDRESS 3600 SW 114 AVE #106 CITY-ST-ZIP MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>ASelivonenko</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/27/06 410-458-5876 <small>Date Daytime Phone #</small>		