


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90094 050 \*\*\*150.00

<b>DOCUMENT # P06000153635</b> 1. Entity Name <b>TRENDS BEAUTY CENTER III, CORP</b>					
Principal Place of Business <b>2600 GLADES CIRCLE STE 1000 WESTON, FL 33327</b>			Mailing Address <b>5805 BLUE LAGOON DRIVE STE 200 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <i>2600 Glades Circle</i> <i>Suite, Apt. #, etc. #900 d1000</i>			
City & State  Zip		City & State <i>Weston FL</i> Zip <i>33327</i>		4. FEI Number <i>20-8796127</i>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AG CORPORATE SERVICES, LLC 5805 BLUE LAGOON DRIVE STE 200 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>RODRIGUEZ, RODOLFO</b> <b>2600 GLADES CIRCLE STE 1000</b> <b>WESTON, FL 33327</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DIAZ, NANCY E</b> <b>2600 GLADES CIRCLE STE 1000</b> <b>WESTON, FL 33327</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Nancy E. Diaz</i>			<i>5/3/07</i> <i>954588345</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40113251



05092007 Chg-P CR2E034 (12/06)

Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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**SIGNATURE:** *Nancy E. Diaz* *5/3/07* *954588345*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR