


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90293 041 ***150.00

DOCUMENT # P93000027429	
1. Entity Name TRIND COSMETICS U. S. A., INC.	

Principal Place of Business 9031 132ND AVE N. SUITE 801B LARGO, FL 33773 US	Mailing Address 9031 132ND AVE N. SUITE 801B LARGO, FL 33773 US
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44038710



2. Principal Place of Business 1715 Lakeside Ave	3. Mailing Address 1715 Lakeside Ave
Suite, Apt. #, etc. Unit # 8	Suite, Apt. #, etc. Unit # 8
City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32084	Zip 32084
Country	Country

02102004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3176005

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent PROTONENTIS, KENNETH G 1591 GULF BLVD., PENTHOUSE 2 CLEARWATER, FL 33767-2997	
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7. Name and Address of New Registered Agent	
Name Richard Houts	
Street Address (P.O. Box Number is Not Acceptable) 1715 Lakeside Ave # 8	
City St. Augustine	FL Zip Code 32084

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:  DATE: 02/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOUWEN, THEO J GM 1688 JH NIBBIXWOUD, OVERSPOOR 35 POSTBUS35 1679 ZG MIDWOUD, NETHERLANDS, <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	V BOUWEN-VAN TOOR, MAGDALENA M 1688 JH NIBBIXWOUD, OVERSPOOR 35 POSTBUS35 1679 ZG MIDWOUD, NETHERLANDS, <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	S HOUTS, RICHARD W 203 HARBOR BLUFF DR. LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Houts, Richard W. 1715 Lakeside Ave, Unit 8 St. Augustine, FL 32084 <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

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:  DATE: 02/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR