


2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P99000109165

1. Entity Name
CAPITAL TRENDS HOLDING, CORP.



FILED

07 APR -6 PM 2:36

Principal Place of Business
782 N.W. LEJEUNE ROAD, SUITE 428
MIAMI, FL 33126

Mailing Address
782 N.W. LEJEUNE ROAD, SUITE 428
MIAMI, FL 33126

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



06-07
01252007 REIN-P CR2E098 (1/07)

4. FEI Number
65-0972694

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PUIG, MAGALI L
782 N.W. LEJEUNE ROAD, SUITE 428
MIAMI, FL 33126

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LOIZZO, ANTONIO 782 NW LEJEUNE ROAD, SUITE 428 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>900096370359 04/10/07--01046--006 **300.00</p>		
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Antonio Loizzo President 3/6/07 C 305)442-8093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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March 1, 2007

Division of Corporations
Annual Report Section
P.O. Box 6198
Tallahassee, Florida 32314-6198

Re: Capital Trends Holding, Corp.
782 N.W. LeJeune Road
Suite # 428
Miami, Florida 33126

Doc. Number: P99000109165
FEI Number: 65-0972694

Gentleman:

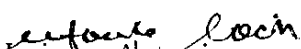
Enclosed please find Reinstatement form for the above corporation and a check in the amount of \$ 300.00 for the year 2006 and 2007.

We never received the form for the report, please abate the penalty since we were not aware that it was not done.

Thanking you for your help and cooperation in this matter.

Cordially,

Capital Trends Holding, Corp.


Loizzo, Antonio
President