## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 08:00 AM Secretary of State

| DOCUMENT 1. Entity Name TRENDS (G.P.), II   |  |  |                            |                                    | Secretary of Stat         |
|---|--|--|----------------------------|------------------------------------|---------------------------|
| Principal Place of Busines<br>1100 NW 92 TERRACE<br>MIAMI, FL 33178   | S  | Mailing Address<br>1100 NW 92 TERRACE<br>MIAMI, FL 33178 |                            |                                    |                           |
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent   |  |  |                            | 04232004<br>4. FEI Numbe<br>65-028 |                           |
| LESTER, PAUL A  | gistoria rigera                          | <u> </u>   | ~~                         | NOT WOITE                          |                           |
| 201 ALHAMBRA CIRCLE<br>601  |  |  | DO NOT WRITE IN THIS SPACE |                                    |                           |
| CORAL GABLES, FL 33134  |  |  |                            | IN I                               | I HIS SPACE               |
| 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 Signature, typed or priviled name of registered agent and title if epoticable. (NOTE, Registered Agent signature regulated when reinstalling)  DATE   |  |  |                            |                                    |                           |
| FILE NOWI!!<br>After May 1, 200   | FEE IS \$150.00<br>4 Fee will be \$550.0 | S. Election Campaign Fina     Trust Fund Contribution.   | ncing \$5.                 | .00 May Be<br>led to Fees          | U00000139276              |
| 10.   | OFFICERS AND D                           | IRECTORS   | -                          |                                    | 04/29/04-80115-001 ISD.00 |
|   | ZO, TOMAS<br>92 TERRACE                  |  |                            |                                    |                           |
| CITY-ST-ZIP MIAMI, F  |  |  |                            |                                    |                           |
| TH'LE<br>NAME   |  |  |                            |                                    |                           |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                            |                                    |                           |
| HILE  |  | · · · · · · · · · · · · · · · · · · ·                    | 1                          |                                    |                           |
| NAME<br>STREET ADORESS  |  |  |                            | DΩ                                 | NOT WRITE                 |
| CITY-ST-ZIP<br>TITLE  |  | •  |                            |                                    | <del></del>               |
| NAME  |  |  |                            | HV                                 | THIS SPACE                |
| STREET ADDRESS<br>CITY - ST - ZIP   |  |  |                            | **                                 |                           |
| TITLE<br>NAME   |  |  |                            |                                    |                           |
| STREET ADDRESS  |  |  |                            |                                    |                           |
| CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP   | $\bigcap$                                |  | -                          |                                    |                           |
| 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 coort is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receives of trust example improvered 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 abdress, with all other like empowered. |  |  |                            |                                    |                           |
| SIGNATURE: 04/18/04 301-777-6227  |  |  |                            |                                    |                           |