## 2007 FOR PROFIT CORPORATION

ANNUAL REPORT May 01, 2007 08:00 AM Secretary of State DOCUMENT # S72817 1. Entity Name TRENDS (G.P.), INC. Principal Place of Business Mailing Address **6340 SUNSET DRIVE** 6340 SUNSET DRIVE MIAMI, FL 33143 MIAMI, FL 33143 CR2E034 (11/05) 01162007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0283569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LESTER, PAUL A DO NOT WRITE 201 ALHAMBRA CIRCLE 601 IN THIS SPACE CORAL GABLES, FL 33134 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 printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CABRERIZO, TOMAS NAME STREET ADDRESS 6340 SUNSET DRIVE CITY-ST-ZIP MIAMI, FL 33143 THILE NAME U00000751048 05/18/07-80085-022 50.00 STREET ADDRESS CITY-ST-ZIP Milb NAME λ STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with his fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier enal report is frue 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 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 addless, with planter like empowered

SIGNATURE: .

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED