2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35951

FILED Mar 06, 2009 Secretary of State

Entity Name: THE TREND GROUP CORPORATION					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
C/O OLA OLAIGBE 18441 NW 2ND AVENUE #220 MIAMI, FL 33169				C/O OLA OLAIGBE 1111 PARK CENTRE BLVD. #205 MIAMI GARDENS, FL 33169	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX P.O. BOX MIAMI, FL	681181				
FEI Number	: 65-0333093	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	of New Registered Agent:	
OLAIGBE, OLA 18441 NW 2ND AVE. #220 MIAMI, FL 33169 US				OLAIGBE, OLA 1111 PARK CENTRE BLVD. #205 MIAMI GARDENS, FL 33169 US	
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: SIGNATURE ON FILE				03/06/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OLAIGBE, OLA 2279 NW 126T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OLAIGBE, OLA 2279 NW 126T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OLAIGBE, VICT 2279 NW 126T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC () OLAIGBE, OLA) Delete JR.	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SIGNATURE ON FILE PD 03/06/2009

2279 NW 126TH AVENUE

PEMBROKE PINES, FL 33028

Address:

City-St-Zip: