


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000003410  
 1. Entity Name  
 TRUHAL ASSOCIATES LTD, INC.



Principal Place of Business      Mailing Address  
 7765 LAKE WORTH RD.      7765 LAKE WORTH RD.  
 #322      #322  
 LAKE WORTH, FL 33467-2536      LAKE WORTH, FL 33467-2536



01082004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 11-2461903      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BROMBERG, HAROLD W  
 7002 PEONY PL  
 LAKE WORTH, FL 33487-1444

**DO NOT WRITE IN THIS 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: *Harold W. Bromberg*      DATE: 04/14/2004

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.        \$5.00 May Be Added to Fees

U00000116141  
 04/16/04-80052-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROMBERG, HAROLD W
STREET ADDRESS	7002 PEONY PL
CITY - ST - ZIP	LAKE WORTH, FL 334671444
TITLE	ST
NAME	BROMBERG, TRUDY A
STREET ADDRESS	7002 PEONY PL
CITY - ST - ZIP	LAKE WORTH, FL 334671444
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Harold W. Bromberg*      Date: 04/14/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #