


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 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

DO NOT WRITE IN THIS SPACE



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2461903 Applied For 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 33467-1444

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1000000308269
 04/15/05-80087-004 150.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Trudy A. Bromberg TRUDY A. BROMBERG 4/14/05 561-964-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #