2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000003410

1. Entity Name
TRUHAL ASSOCIATES LTD, INC.

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

DO NOT WRITE IN THIS SPACE

01082004   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

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 X *Harold W. Bromberg*   04/14/2004
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	
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STREET ADDRESS	
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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: X *Harold W. Bromberg*   04/14/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #