

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N00000003581

1. Entity Name
TRUE BREAD ACADEMY, INC.



Principal Place of Business
**3367 N. UNIVERSITY DR
HOLLYWOOD, FL 33024**

Mailing Address
**P.O. BOX 848142
HOLLYWOOD, FL 33084**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1069412	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANKER, CARLTON
3367 UNIVERSITY DRIVE
DAVIE, FL 33024**

**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: _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRANKER, VICTORIA 1271 NW 137TH AVE PEMBROKE PINES, FL 33028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANKER, CARL 1271 NW 137TH AVE PEMBROKE PINES, FL 33028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT FISHER, CINDY 2299 NW 77 WAY, # 106 PEMBROKE PINES, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MARCANO-HOLDER, MERLIN 90 NE 152 MIAMI, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/12/08-80084-008 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Victoria Branker *Pres* *1/28/08* *984-517 9811*