

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004112

FILED
Jan 04, 2005
Secretary of State

Entity Name: THE CITY OF TRUTH, INC.

Current Principal Place of Business:

10621 SW 88TH STREET, STE. 120
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565340
MIAMI, FL 33256

New Mailing Address:

FEI Number: 74-2721356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, DAVID A
10125 SW 91ST TERRACE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRO, DAVID A
Address: 10125 SW 91ST TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: CASTRO, J. GABRIEL
Address: 10125 SW 91ST TERRACE
City-St-Zip: MIAMI, FL 33176

Title: STD () Delete
Name: CASTRO, MARLENE E
Address: 10125 SW 91ST TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MILLER, WILLIAM J
Address: 10621 N. KENDALL DR., #113
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: HOOPER, LARRY K
Address: 950 N. KROME AVE., #106
City-St-Zip: HOMESTEAD, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. CASTRO

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date