

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 014 ***150.00

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DOCUMENT # P00000000033

1. Entity Name
THE TRUMAN FAMILY CORPORATION



Principal Place of Business
4014 CHASE AVENUE
SUITE 201
MIAMI BEACH FL 33140

Mailing Address
4014 CHASE AVENUE
SUITE 201
MIAMI BEACH FL 33140



2. Principal Place of Business
7700 N. Kendall Dr.

3. Mailing Address
7700 N. Kendall Dr.

Suite, Apt. # etc.
SUITE 408

Suite, Apt. # etc.
SUITE 408

City & State
MIAMI FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number 65-0967087

Applied For
Not Applicable

Zip Country
33156 MIAMI-DADE

Zip Country
33156 MIAMI-DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINING, AMBER
4014 CHASE AVENUE
SUITE 701
MIAMI BEACH FL 33140

Name AMBER VINING
Street Address (P.O. Box Number is Not Acceptable)
7700 N. Kendall Dr.
SUITE 408
City MIAMI FL 33156

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]* PRESIDENT

DATE 5/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing = \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINING, AMBER 4014 CHASE AVENUE SUITE 201 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S AMBER VINING 7700 N. KENDALL DR. SUITE 408 MIAMI, FLORIDA 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* EQUAMBER VINING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 5/20/03 780-210-3332 301-636-9050
Date Daytime Phone #

CR2E034 (10/02)