

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 032 ***150.00

DOCUMENT # P00000111271

1. Entity Name
TRU-STEEL CORP.



40050130

Principal Place of Business
**1210 HOMEWOOD BLVD #C203
DELRAY BEACH, FL 33445**

Mailing Address
**1210 HOMEWOOD BLVD #C203
DELRAY BEACH, FL 33445**



2. Principal Place of Business - No P.O. Box #
3208 INDUSTRIAL 31ST ST

3. Mailing Address
3208 INDUSTRIAL 31ST ST

Suite, Apt. #, etc.
#

Suite, Apt. #, etc.
#

03122007 Chg-P CR2E034 (12/06)

City & State
FORT PIERCE FL

City & State
FT PIERCE FL

4. FEI Number
65-1062033

Applied For
Not Applicable

Zip
34946

Country
USA

Zip
34946

Country
USA

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

6. Name and Address of Current Registered Agent

**BIOSCA, AUGEL
1210 HOMESTAED BLVD #C203
DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
BIOSCA, ANGEL
STREET ADDRESS
1210 HOMEWOOD BLVD #C203
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE ☒ Change ☐ Addition
NAME
3208 INDUSTRIAL 31ST ST
STREET ADDRESS
FT PIERCE, FL 34946
CITY-ST-ZIP

TITLE
VP ☐ Delete
NAME
BIOSCA, LILLIAN
STREET ADDRESS
1210 HOMEWOOD BLVD C203
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE ☒ Change ☐ Addition
NAME
3208 INDUSTRIAL 31ST ST
STREET ADDRESS
FT PIERCE, FL 34946
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07
Date

Daytime Phone #