


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

DOCUMENT # P01000018773

1. Entity Name
TRUE-ARM, INC.



11041885

Principal Place of Business 12955 BISCAYNE BOULEVARD, PH SOUTH MIAMI, FL 33181	Mailing Address 12955 BISCAYNE BOULEVARD, PH SOUTH MIAMI, FL 33181
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2. Principal Place of Business 5601 PARK RD.	3. Mailing Address 16499 SW 30 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State FORT LAUDERDALE, FL	City & State MIRAMAR, FL	4. FEI Number 65-1094167	Applied For Not Applicable
Zip 33312	Country USA	Zip 33027	Country USA

5. Name and Address of Current Registered Agent LANGLEY, DAVID W ONE E BROWARD BLVD STE 700 FT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name LOUIS NAYMIK Street Address (P.O. Box Number is Not Acceptable) 16499 SW 30 ST City MIRAMAR FL Zip Code 33027
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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 *David W. Langley* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when registering.)

<p>FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAUZON, PIERRE 12966 BISCAYNE BOULEVARD, PH SOUTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAUZON, PIERRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 PARK RD. FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, ROBERTO E 12966 BISCAYNE BOULEVARD, PH SOUTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NAYMIK, LOUIS 12966 BISCAYNE BOULEVARD, PH SOUTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOUIS NAYMIK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16499 SW 30 ST MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 in Block 10 or Block 11 if changed, or on an attachment with addresses, with all other fees empowered.

SIGNATURE: *David W. Langley* DATE: **4-30-03 954-448-5121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CR2E034 (10/02)