

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107727

Entity Name: TRUE TRADITIONS, INC.

FILED  
Mar 05, 2007  
Secretary of State

## Current Principal Place of Business:

820 EUCLID AVENUE  
#305  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

820 EUCLID AVENUE  
#305  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 03-0496002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OTERO, LUISA F  
9240 FONTAINEBLEAU BOULEVARD  
#504  
MIAMI, FL 33172 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete  
Name: OTERO, LUISA F  
Address: 9240 FONTAINE BLEAU BOULEVARD, #504  
City-St-Zip: MIAMI, FL 33172

Title: DPS ( ) Delete  
Name: OTERO, JUAN C  
Address: 820 EUCLID AVENUE, APT. 305  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Delete  
Name: MADURO, MARIANNE  
Address: 3750 NW 64 AVENUE  
City-St-Zip: VIRGINIA GARDENS, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVPD (X) Change ( ) Addition  
Name: OTERO, LUISA F  
Address: 9240 FONTAINE BLEAU BOULEVARD, #504  
City-St-Zip: MIAMI, FL 33172

Title: PTD (X) Change ( ) Addition  
Name: OTERO, JUAN C  
Address: 820 EUCLID AVENUE, APT. 305  
City-St-Zip: MIAMI BEACH, FL 33139

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISA F. OTERO

Electronic Signature of Signing Officer or Director

SVPD

03/05/2007

Date