

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90199 011 ***158.75

DOCUMENT # P02000126170

1. Entity Name
TRUE AND FAITH, INC.



Principal Place of Business

**3000 N.W. 2ND AVE.
MIAMI, FL 33127**

Mailing Address

**3000 N.W. 2ND AVE.
MIAMI, FL 33127**

24068486



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1561635

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAZUMDER, PARIMAL C
3000 N.W. 2ND AVE.
MIAMI, FL 33127**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D / President
NAME	MAZUMDER, PARIMAL C
STREET ADDRESS	3000 N.W. 2ND AVE.
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D/Vice President
NAME	SHILPI AKTER
STREET ADDRESS	16710 NE 9th AVE #611
CITY-ST-ZIP	N. MIAMI, FL-33162
TITLE	D/Secretary
NAME	NILUFAR HOSSAIN
STREET ADDRESS	2311 NE 10 AVE #304
CITY-ST-ZIP	MIAMI, FL -11027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: Larneria C. Mahala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04

Date

305-576-2151

Daytime Phone #