02-07-2005 90078 007 ***150.00
03-10-2005 90150 041 *****8.75
P02000126170

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000126170**

1. Entity Name
TRUE AND FAITH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3000 N.W. 2ND AVE.<br>MIAMI, FL 33127 | 3000 N.W. 2ND AVE.<br>MIAMI, FL 33127 |

01142005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc: | Suite, Apt. #, etc: |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number: 42-1561635 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MAZUMDER, PARIMAL C<br>3000 N.W. 2ND AVE.<br>MIAMI, FL 33127 | Name: Hossain Shahnawat<br>Street Address (P.O. Box Number is Not Acceptable): 3000 NW 2nd Ave<br>Miami, FL 33127.<br>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: Hossain 02-15-05
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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MAZUMDER, PARIMAL C<br>3000 N.W. 2ND AVE.<br>MIAMI, FL 33127 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Hossain, Nilufar<br>2311 10th Ave # 304<br>Miami, FL 33127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>AKTER, SHILPI<br>16710 NE 9TH AVE. #611<br>MIAMI, FL 33162 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>HOSSAIN, NILUFAR<br>2311 10 AVE. #304<br>MIAMI, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Mazumder, Parimal C<br>3000 NW 2nd Ave<br>Miami, FL 33127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: Hossain 02-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sphere APR 07 2005