

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126170

Entity Name: TRUE AND FAITH, INC.

FILED  
Feb 14, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 42-1561635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAKHAWAT, HOSSAIN  
3000 N W 2ND AVE  
MIAMI, FL 33127 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: DP ( ) Delete  
Name: HOSSAIN, NILUFAR  
Address: 2311 10TH AVE #304  
City-St-Zip: MIAMI, FL 33127

Title: DVP ( ) Delete  
Name: AKTER, SHILPI  
Address: 16710 NE 9TH AVE. #611  
City-St-Zip: MIAMI, FL 33162

Title: S ( ) Delete  
Name: MAZUMDER, PARIMAL C  
Address: 3000 N W 2ND AVE  
City-St-Zip: MIAMI, FL 33127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHILPI AKTER

DVP

02/14/2009

Electronic Signature of Signing Officer or Director

Date