

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90106 028 \*\*\*158.75

<b>DOCUMENT # P06000108549</b> 1. Entity Name <b>TRULY YOURS REAL ESTATE &amp; FINANCE SERVICES, INC.</b>					
Principal Place of Business <b>409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617</b>			Mailing Address <b>409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>20-5439070</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>RIVERA, MIGUEL 409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>MIGUEL RIVERA (OWNER &amp; PRESIDENT)</b>		DATE <b>APRIL 30, 2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, MIGUEL OWNER 409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/M RIVERA, MIGUEL 409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, JUAN CARLOS 3 HAMILTON HEATH TAMPA, FL 33604		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KISS, LARZO LO 913 DIXIE MAID LN VAL RICO, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABIGAIL SIREN-RIVERA 409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABIGAIL SIREN-RIVERA 409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 667, 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:		<b>MIGUEL RIVERA</b> APRIL 30, 2007 (813) 454-9519			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			