

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044144

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: TRUSCAPES INDUSTRIES, INC.

## Current Principal Place of Business:

16707 - 4 AVENUE NE  
BRADENTON, FL 34212

## New Principal Place of Business:

16707 4TH AVE. NE.  
BRADENTON, FL 34212

## Current Mailing Address:

16707 - 4 AVENUE NE  
BRADENTON, FL 34212

## New Mailing Address:

16707 4TH AVE. NE.  
BRADENTON, FL 34212

FEI Number: 20-8822970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLORCA, LLOMELL  
16707 - 4 AVENUE NE  
BRADENTON, FL 34212 US

## Name and Address of New Registered Agent:

LLORCA, LLOMELL  
16707 4TH AVE. NE.  
BRADENTON, FL 34212 US

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:

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LLORCA, LLOMELL  
Address: 16707 - 4 AVENUE NE  
City-St-Zip: BRADENTON, FL 34212

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LLORCA, LLOMELL  
Address: 16707 4TH AVE. NE.  
City-St-Zip: BRADENTON, FL 34212

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: LLOMELL LLORCA

DP

01/09/2008

Electronic Signature of Signing Officer or Director

Date