

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093054

Entity Name: TRUE BUSINESS, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

4274 NW 89TH AVE  
#206  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

4274 NW 89TH AVE  
#206  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 26-0773524      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ACCOUNTING PLUS SERVICES, INC.  
5256 N UNIVERSITY DR  
LAUDERHILL, FL 33351      US

## Name and Address of New Registered Agent:

ESCOBAR, GISELA L  
4274 NW 89TH AVENUE  
206  
CORAL SPRINGS, FL 33065      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: G.L.E.

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROMERO, RAFAEL  
Address: 4274 NW 89TH AVE #206  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: ESCOBAR, GISELA  
Address: 4274 NW 89TH AVE #206  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GISELA L. ESCOBAR

MRS.

04/30/2008

Electronic Signature of Signing Officer or Director

Date