2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000061802

1. Entity Name
TRUTH IN LENDING CORP.

Principal Place of Business	Mailing Address
12386 S.W. 82ND AVENUE MIAMI, FL 33156	12386 S.W. 82ND AVENUE MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

03162007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0934128	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLES, CARLOS
12386 S.W. 82ND AVENUE
MIAMI, FL 33156

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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 _____

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE	D		
NAME	ROBLES, CARLOS		
STREET ADDRESS	12386 S.W. 82ND AVENUE		
CITY-ST-ZIP	MIAMI, FL 33156		
TITLE	S		
NAME	ROBLER, CARRIE		
STREET ADDRESS	12386 SW 82 AVE		
CITY-ST-ZIP	MIAMI, FL 33158		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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03/27/07-80112-004 150.00

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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 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: _____   3/17/07   3054315409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #