

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # V40662

1. Entity Name
TRU-TECH GROUP, INC.



Principal Place of Business
**3349 ST MALO CT
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**3349 ST MALO CT
PALM BEACH GARDENS, FL 33410 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0350478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FINESTONE, ARNOLD B
2400 PRESIDENTIAL WAY
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BLOCH, BEATRICE
STREET ADDRESS	3349 ST. MALO CT.
CITY-ST-ZIP	PALM BEACH GARDENS, FL

TITLE	D
NAME	WIENER, HOWARD A
STREET ADDRESS	13245 VERDUN DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL

TITLE	PD
NAME	FINESTONE, ARNOLD B
STREET ADDRESS	2400 PRESIDENTIAL WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	CEOD
NAME	BLOCH, LAURENCE
STREET ADDRESS	P. O. BOX 2273
CITY-ST-ZIP	RANCHO SANTA FE, CA

TITLE	D
NAME	KOPPELMAN, ROBERT P
STREET ADDRESS	35 E 85TH ST
CITY-ST-ZIP	NEW YORK, NY 10028

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80026-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. B. Finestone Pres 1/13/08 561 684 0846

Date

Daytime Phone #