


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90126 015 ***158.75

DOCUMENT # M24137	
1. Entity Name TRES CEROS CORPORATION	

Principal Place of Business 1239 W 44TH PLAVE HIALEAH FL 33012-3331	Mailing Address 16120 E TROON CR MIAMI LAKES FL 33014 US
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2. Principal Place of Business - No P.O. Box # 1239 W. 44TH PLACE Suite, Apt. #, etc. HIALEAH - FLORIDA City & State	3. Mailing Address 16120 E. TROON CR. Suite, Apt. #, etc. MIAMI LAKES - FLORIDA City & State
Zip 33012	Country U.S.A
Zip 33014	Country U.S.A

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2642456	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, ARTURO 16025 W PRESTWICK PLACE MIAMI LAKES FL 33014	7. Name and Address of New Registered Agent Name: RODRIGUEZ ARTURO Street Address (P.O. Box Number is Not Acceptable): 16120 E. TROON CR. City: MIAMI LAKES State: FL Zip Code: 33014
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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 _____ (NOTE: Registered Agent signature required when registering) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME RODRIGUEZ, ARTURO STREET ADDRESS 16120 EITROON CIR. CITY ST ZIP HIALEAH FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STV NAME RODRIGUEZ, EULALIA STREET ADDRESS 16120 E. TROON CIR. CITY ST ZIP HIALEAH FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Arturo Rodriguez 3/14/07 786-367-3902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **DATE** _____ **Daytime Phone #** _____