

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000072699

1. Entity Name
TRES EQUIS, INC.



Principal Place of Business

**6220 E ADAMS DR
TAMPA, FL 33619**

Mailing Address

**1877 MOUNT VERNON AVE
POMONA, CA 91768**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3373563	Applied For ☐
	Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CFOC
NAME	LOYA, TIA
STREET ADDRESS	1877 MOUNT VERNON AVE
CITY-STATE-ZIP	POMONA, CA 91768

TITLE	S
NAME	LOYA, TIA
STREET ADDRESS	1877 MT. VERNON AVE.
CITY-STATE-ZIP	POMONA, CA 91768

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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STREET ADDRESS	
CITY-STATE-ZIP	

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03/16/06-80007-008 158.75

**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

Tia Loya - Sec. **1/16/06** **909-629-1973**
Date Daytime Phone #