PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**

2007 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 21 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072699

**1.** Corporation Name

# Tres Equis, Inc.

SR2E081 (1/07)

2007 ANNUAL REPORT

| **2.** Principal Office Address - No P.O. Box # | | **3.** Mailing Office Address | |
|---|---|---|---|
| 6220 Adamo Dr. | | 1877 Mt. Vernon Ave. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Tampa, Fl. | | City & State: Pomona. Ca. | |
| Zip: 33619 | Country: USA | Zip: 91768 | Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 7/31/2000

**5.** FEI Number: 94-3373563 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE | State: FL | Zip Code: 32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Harry B. Davis Asst. Vice President — REGISTERED AGENT MUST SIGN — Date: 5/17/07

**9.** Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| CEO | Tia Loya | 1877 Mt. Vernon Ave. | Pomona, Ca. 91768 |
| Sec | Tia Loya | 1877 Mt. Vernon Ave. | Pomona, Ca. 91768 |
| | | 600102938135 05/21/07--01023--007 **158.75 | |
| | | 600102938135 05/21/07--01023--008 **600.00 | |
| | | | |
| | | | |

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** Tia Loya - CEO Tia Loya - CEO 5-14-07 909-629-1923

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