


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126499**

1. Entity Name  
**TRES AMERICAS BOOKSTORE, INC.**



Principal Place of Business      Mailing Address

9745 SW 72ND STREET #211      9745 SW 72ND STREET #211  
 MIAMI, FL 33173 US      MIAMI, FL 33173

**DO NOT WRITE IN THIS SPACE**



02112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**83-0343558**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTALVO, RAUL M**  
**12200 SW 91ST TERRACE**  
**MIAMI, FL 33186**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000249061  
 03/02/05-80052-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MONTALVO, RAUL M 12200 SW 91ST TERR. #706 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MONTALVO, ANA MARIA D 12200 SW 91ST TERR. #706 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MONTALVO, SANDRA P 9610 SW 58TH ST. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Raul M. Montalvo      **Raul M. Montalvo**      2/11/05      305-274-7290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*President*