


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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



01102006 No Chg-P CRZE034 (11/05)

4. FEI Number 83-0343558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

9. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000442701
03/04/06-80028-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONTALVO, RAUL M 12200 SW 91ST TERR. #708 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTALVO, ANA MARIA D 12200 SW 91ST TERR. #708 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	

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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: *Raul M. Montalvo* Raul M. Montalvo 1/10/06 305-274-7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #