

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90012 029 \*\*\*150.00



**DOCUMENT # P04000144936**

1. Entity Name  
**TULA TRE, INC.**

Principal Place of Business  
**COLONNADE/OMNI HOTEL**  
**180 ARAGON AVENUE**  
**CORAL GABLES, FL 33134**

Mailing Address  
**COLONNADE/OMNI HOTEL**  
**180 ARAGON AVENUE**  
**CORAL GABLES, FL 33134**

2. Principal Place of Business  
**2700 S.W. 37th Avenue**

3. Mailing Address  
**2700 S.W. 37th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

03012006 Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3730776**

Applied For  
 Not Applicable

Zip  
**33133**

Country  
**USA**

Zip  
**33133**

Country  
**USA**

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

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

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

**TERMINELLO, LOUIS J ESQ**  
**TERMINELLO & TERMINELLO PA**  
**2700 SW 37TH AVE**  
**MIAMI, FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PTD**  Delete  
 NAME **AQUILINO, ANGIOLINO**  
 STREET ADDRESS **COLONNADE HOTEL, 180 ARAGON AVENUE**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **PTD**  Change  Addition  
 NAME **Aquilino, Angiolino**  
 STREET ADDRESS **2700 S.W. 37th Avenue**  
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **VSTD**  Delete  
 NAME **TERMINELLO, LOUIS J**  
 STREET ADDRESS **2700 S.W. 37TH AVENUE**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**03/02/06**

Date

**(305) 444-5002**

Daytime Phone #