## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P06000091549 06-30-2008 90022 010 \*\*\*550.00 1. Entity Name TRES PALACIOS INVESTMENTS, CORP. Principal Place of Business Mailing Address 782 NW LEIEUNE RD SUITE 634 782 NW LEIEUNE RD SUITE 634 MAMI, FL 33126, 97147 SW 1347EPF MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # MAMI, FL 33126 97475W 134 TEQA MIAMI, FL 33174 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05272008 Chg-P Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, ELOY A Street Address (P.O. Box Number is Not Acceptable) 783 NW LEJEUNE RD SUITE 634 97475W 134TE Zip Code City 8. The above named entity submits this statement for the purpose of changing its 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 (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change ☐ Addition FERNANDEZ, ELOY A NAME THE NIW LEJEUNG ROSULTE ASA 9747 SW 134 STREET ADDRESS MIAMI\_FI.\_33126 MIAN/1 FL331 CITY-ST-ZIP CIT#-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Channe ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED Jun 30, 2008 8:00 am