


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000084429</b>	
1. Entity Name TRESSIMAE, INC.	

Principal Place of Business 5510 W OAKLAND PARK BLVD LAUDERHILL, FL 33313	Mailing Address 5860 NW 83RD TERRACE PARKLAND, FL 33067 US
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**DO NOT WRITE IN THIS SPACE**

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0787095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HAGAN, LAWRENCE D 5860 NW 83RD TERRACE PARKLAND, FL 33067	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGAN, LAWRENCE D 5860 NW 83 TERR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGAN, MARINA N 5860 NW 83 TERR PARKLAND, FL 33067
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U00000318008  
04/20/05-80040-024 150.00

**DO NOT WRITE  
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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:** *Marina Hagan* **MARINA HAGAN** 4/18/05 (954)346 2110

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