

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000084429**

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**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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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U00000713380  
04/26/07-80086-014 150.00

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:**

*Marina Hagan* **MARINA HAGAN**

**04-15-07** (954) 346-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #