

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90069 034 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                   |                                                                                                   |                                                                                                        |  |
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| <b>DOCUMENT # P98000027854</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                   |                                                                                                   |                                                                                                        |  |
| <b>1. Entity Name</b><br>TRES AAA EXXON, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                   |                                                                                                   |                                                                                                        |  |
| <b>Principal Place of Business</b><br>12270 S.W. 144TH TR.<br>MIAMI FL 33186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                   | <b>Mailing Address</b><br>12270 S.W. 144 TERRACE<br>MIAMI FL 33186                                |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <b>3. Mailing Address</b>                                                         |                                                                                                   |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | Suite, Apt. #, etc.                                                               |                                                                                                   |                                                                                                        |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | <b>City &amp; State</b>                                                           |                                                                                                   | <b>4. FEI Number</b> 65-0823441                                                                        |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | <b>Country</b>                                                                    |                                                                                                   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | <b>7. Name and Address of New Registered Agent</b>                                |                                                                                                   |                                                                                                        |  |
| APA, LUIS<br>12270 S.W. 144TH TR.<br>MIAMI FL 33186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                   |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                   |                                                                                                   |                                                                                                        |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent's signature; retained when name/initials)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                   |                                                                                                   |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                      |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>APA, LUIS<br>12270 S.W. 144TH TR.<br>MIAMI FL 33186             | <input type="checkbox"/> Delete                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>CANDIOTI, ANDREA L<br>9852 KENDALL DR. #B 212<br>MIAMI FL 33176 | <input type="checkbox"/> Delete                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>APA, RAUL<br>9840 KENDALL DR.<br>MIAMI FL 33186                 | <input type="checkbox"/> Delete                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b> |                                                                      |                                                                                   |                                                                                                   |                                                                                                        |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                   | LUIS A. APA<br>Date: _____                                                                        |                                                                                                        |  |
| 305 235-8919<br><small>Change Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                   |                                                                                                   |                                                                                                        |  |