

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027854

Entity Name: TRES AAA EXXON, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

12270 S.W. 144TH TR.
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12270 S.W. 144 TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0823441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APA, LUIS
12270 S.W. 144TH TR.
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: APA, LUIS
Address: 12270 S.W. 144TH TR.
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CANDIOTI, ANDREA L
Address: 9852 KENDALL DR. #B 212
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: APA, RAUL
Address: 9840 KENDALL DR.
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS APA

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date