2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State
03-25-2008 90006 027 ***150.00

DOCUMENT # P99000045213

1. Entity Name
TRES AMIGOS, INC.

Principal Place of Business
944 39TH AVE. N.
SAINT PETERSBURG FL 33703

Mailing Address
944 39TH AVE. N.
SAINT PETERSBURG FL 33703

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 5514 Park Blvd
Suite, Apt. #, etc.
City & State Pinellas Park, FL
Zip 33781 Country USA

3. Mailing Address 5514 Park Blvd
Suite, Apt. #, etc.
City & State Pinellas Park, FL
Zip 33781 Country USA

4. FEI Number 59-3586919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LETTELLEIR, JOSEPH T
944 39TH AVENUE N
SAINT PETERSBURG FL 33703

7. Name and Address of New Registered Agent
Name Roger B. Broderick
Street Address (P.O. Box Number is Not Acceptable) 5514 Park Blvd
City Pinellas Park FL Zip Code 33781

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] 2/21/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	LETTELEIR, JOSEPH T	
STREET ADDRESS	944 39TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	ST	☐ Delete
NAME	BRODERICK, ROGER	
STREET ADDRESS	5514 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	☐ Delete
NAME	SANTERRE, RICHARD J	
STREET ADDRESS	500-5TH AVE S., SUITE 522	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: [signature] 2/13/08 727-544-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #