


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000083239	
1. Entity Name ETE GROUP, INC.	

Principal Place of Business 3022 S.W. 133RD COURT MIAMI, FL 33175	Mailing Address 3022 S.W. 133RD COURT MIAMI, FL 33175
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3862550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TRAVIESO, ENRIQUE
3022 S.W. 133RD COURT
MIAMI, FL 33175**

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 registering)

Signature, typed or printed name of registered agent and title if applicable DATE


FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000547713 05/12/06-80033-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO TRAVIESO, ENRIQUE 3022 S.W. 133RD COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO ESCARPENTER, ANTHONY 3022 S.W. 133RD COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRAVIESO, EDUARDO JR. 3022 S.W. 133RD COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4-28-06 (305) 220-1225**

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