

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90280 031 \*\*\*150.00

|   |   |  |   |   |          |
|---|---|--|---|---|----------|
| <b>DOCUMENT # P04000117051</b><br>1. Entity Name<br><b>SETTE, INC.</b>  |   |  |   |  |          |
| Principal Place of Business<br><b>1021 KANE CONCOURSE<br/>BAY HARBOUR, FL 33154</b>   |   |  | Mailing Address<br><b>1021 KANE CONCOURSE<br/>BAY HARBOUR, FL 33154</b> |   |          |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |   |          |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |          |
| City & State  |   | City & State   |   |   |          |
| Zip   | Country   | Zip  | Country   |   |          |
|   |   | 05022005 Chg-P   |   | CR2E034 (10/03)   |          |
| 4. FEI Number<br><b>20-1606762</b>  |   |  |   | Applied For<br>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   |   |  | 7. Name and Address of New Registered Agent                             |   |          |
| HELLMAN, MAYNARD J<br>2999 NE 191 ST PH 8<br>AVENTURA, FL 33180   |   |  | Name  |   |          |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)                      |   |          |
|   |   |  | City  |   |          |
|   |   |  | <b>FL</b>   |   | Zip Code |
| 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 reinstating) DATE _____   |   |  |   |   |          |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>          |   | \$5.00 May Be Added to Fees   |          |
|   |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |          |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                   |   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br>BILLANTE, THOMAS<br>1021 KANE CONCOURSE<br>BAY HARBOUR, FL 33154 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____  |   |  | Date _____ Daytime Phone # _____  |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |   |   |          |

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