

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000001110

1. Entity Name
**ENVIRONMENTAL TRANSFORMATION PROJECTS
CORP.**



FILED

08 DEC -1 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**1571 N W 139TH AVE
PEMBROKE PINES, FL 33028**

Mailing Address
**1571 N W 139TH AVE
PEMBROKE PINES, FL 33028**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11132008 REIN-P CR2E098 (1/07)

4. FEI Number

43-1981734

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUQUE, ORLANDO
1571 N.W. 139 AVENUE
PEMBROKE PINES, FL 33028**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/08

**FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DUQUE, ORLANDO**
CITY-ST-ZIP **1571 N.W. 139 AVENUE
PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ACOSTA, ALBA**
CITY-ST-ZIP **1571 N W 139TH AVE
PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **DUGUE, FELIPE**
CITY-ST-ZIP **1571 N W 139TH AVE
PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DUGUE, RODINGO**
CITY-ST-ZIP **1571 N W 139TH AVE
PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **700138344637**
CITY-ST-ZIP **12/01/08--01065--012 **158.75**

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

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/08 (95A) 4351068

Date

Daytime Phone #

17/13