2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K13172

1. Entity Name
E. T. LIMITED, INC.

Principal Place of Business	Mailing Address
10005 SUNSET DR	10005 SUNSET DR
MIAMI, FL 33173 US	MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE

04282008   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0049401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAAS, ERIC T
7406 SW 169 TER
PALMETTO BAY, FL 33157

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 _____
Signature: typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U000000941233
05/28/08-80098-014 -150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAAS, ERIC T
STREET ADDRESS	7406 SW 169 TERR
CITY-ST-ZIP	PALMETTO BAY, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ ERIC T HAAS P.D. 4-29-08 35 598 7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #