2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # M63022

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



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

8490 SW 86 CT. MIAMI, FL 33143 US Mailing Address

8490 SW 86 CT. SUITE 330

MIAMI, FL 33143 US



01052006

No Chg-P

CR2E034 (11/05)

4. FE! Number 65-0017292

| Applied For | Not Applicab!

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

LEON, LILIAN 8490 SW 86TH CT MIAMI, FL 33143

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The above named entity submits this state:	ment for the purpose of changi	ng ils registered office or r	egistered agent, or both, in	the State of Florida. I a	m famillar with, and accept
the obligations of registered agent.		,	(•
THE ARTHUR OF LABORATOR AND	*	•	ſ		

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

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	_}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAVIESO, HECTOR E. 8490 S.W. 86 CT. MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIESO, LILIA 8490 SW 86CT MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filling 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 cath, 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:

NAME STREET ADDRESS CITY-ST-ZIP

Almo To

15/06

305.477.9748